V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. By TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03550
1. PLACE OF DEATH	92-2)
County Ballmin	Registration Dist. No.
Village or City Lex are	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME GIMPONY ante	ok Ontelok
(a) Residence: No. Zex as M	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W100WED, OR DIVORCED (write the word)	21. DATE OF DEATH
manual manual	(Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBANO of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	april 9 , 19 3 4, 10 april 27 , 19 3 4
6. DATE OF BIRTH (month, day, end year) 1866	I last faw h me elive on africe 2 7 , 19 & 4; death is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the data stated ebove, et
alus 68 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causas of Importance were es follows:
8 Trade profession or particular	Unite of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Surrelition 11mm
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation (month end spent in this	artie Stenosis 14
SAW MILL, BANK, etc	<u> </u>
this occupation (month and spent in this occupation spent in this	
	Other Contributory Canses of Importence:
12. BIRTHPLACE (city or town) (State or country)	
₩ 13. NAME	A.
14. BIRTHPLACE (city or town)	Neme of operation \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Stete or country)	What test confirmed diegnosis? Was there an eulopsy?
T 15. MAIDEN NAME	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Dete of injury, 19
16. BIRTHPLACE (city or town)	Where did injury occur?
Colored Harme Record	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CLASS CONCERNATION (Address) List Con Med	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury \\ \tag{VVE}
Pleca Balto les. Clans of ouse Dete april 27, 1934	Nature of injury
19 UNDERTAKER William le Brooks & Son	24. Wes diseese or injury in eny wey releted to occupation of deceased?
(Address) Spantes Md.	If so, specify
20. FILED april 29, 1924 William & Bahilcon	(Signed) 65 13 Y Zum M. D.
Dege Registrar.	(Address) Consumble Ma
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. Wo. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREAU V S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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should state

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5a.

7.

OCCUPATION

MOTHER | FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH #3551
1. PLACE OF DEATH	920
County Baltimore	Registration Dist. No. 36
Village or City Louesau	No. W. Cults a feater and St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city prytown where death occurredyrs,mos.	
2. FULL NAME Sallie ellerdock	Bardsley.
(a) Residence: No. W. Chesapeupe are.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowell	21. DATE OF DEATH 26 193 4 (Month) (Oay) (Year)
5a. If merried, wildowed, or divorced HUSBAND of James Bardsley.	22. OLI HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Illaush 3, 1861	I last saw here alive on Afril Here, 1934; death is said
7. AGE Years Months Days If LESS than 24 I day,hrs.	to have occurred on the dete stated above, et
90 Trade profession or portionler	were as follows:
8 Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL.	apley
SAW MILL, BANK, etc.	J
SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and 4/34/34 11. Total time (yeers) spent in this 3 () occupation (coupation)	
12. BIRTHPLACE (city or town) Pettstung	Other Contributory Causes of importance:
(State or country) Perma!	allerio - deferosis 4
13. NAME Jauls Murdoell. 14. BIRTHPLACE (city or town)	differences - Illian
4 14. BIRTHPLACE (city or town) Italiand (State or country)	Name of operation Date of
c 1. 2. 11 fee	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pracels Heller	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) Yeursylvania	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Acrewel Wibel (Address) 611 E. 41 A St. Balto-well,	(Specify city or town, county and State) Specify whether Injury eccurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place To Jan 193	Neture of Injury
19. UNDERTAKER John A. Moran (Address) 44 9 01 Moran A. March C. Orelto In	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Ofr 25, 19 34/ Min & Bulling Registrar.	(Signed) Sty S. Grille M. D. (Address) Jourson - Will.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDBALLYS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

	S	TATE O	MARYLAND	-	CERTIFICATE OF DEATH 03552
1. P	LACE OF DEAT	r u ,			46
	County Satt	more			Registration Dist. No. 30
1	Village or City	atousb	ille		No. 121 Oak Drive St., Ward
	Length of residence In ci	ty or town where dea	th occurred yrs.	. mo	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. F	ULL NAME	Mana	aut m	6	auett
	(a) Residence: No	1526	M Band (Usual place of abode)	/	St., Ward. If nonresident give city or town and State
8-14-	PERSONAL AN	D STATISTIC	AL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3. SEX	uale 1. colo	R OR RACE !	S. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word		21. DATE OF DEATH April 29th 193 4
Ht	nerried, widowed or divo	rced	n Bautt	4	22. I HEREBY CERTIFY That I ettended deceased from
	E OF BIRTH (month, day	and year) Fa	n/ 25-185	7	I last sawh LV slive on abus 28 1937; death is seid
7. AGE	Years	Months	Oays If LESS tha	1	to have occurred on the date stated bove, at _ b 450 m.
	77	3	ormin.		The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
0	Trede, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER, PER, etc.	+ Home		Cordinous of Live 2 may
NPA S	industry or business in work was done, as S SAW MILL, BANK, e	ILK MILL.			J
000	Oate deceased lest wor this occupation (more year)	ked at	11. Total time (years) spent in this occupation		
	THPLACE (city or to (n) (State or country)	Bartin	in		Other Contributory Causes of importance:
	NAME PALE	ich le	smelly		
11	BIRTHPLACE (city or to (State or country)	wn) And	and		Name of operation Date of What test confirmed diagnosis? Clines Was there an autopsy?
원 교 15.	MAIDEN NAME	Saut	hnaw		23. If deeth was due to external couses (VIOL ENCE) fill in also the following:
16.	BIRTHPLACE (city or to	wnylaul	huan		Accident, suicide, or homicide? Date of injury, 19
ΣΙ	(State or country)	. 0 1	1		Where did injury occur?(Specify city or town, county and State)
	ORMANT Chas (Address) 2/Oak	& Orive	Catonsville	,	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BUR	RIAL, CREMATION, OR R	EMOVAL Courte	pate May 2 19	34	Manner of Injury
10.1151	Olan	12 50-	ed tow	/	Neture of injury
	DERTAKER (Address)	not Ro	rali (ine		If so, specify
20. FILE	ED Ofil 29	1937 Me	aishall B los	1	(Signed) Washall B Work A. M. D. (Address) Calon and 100 Med
N .	1		Acgistra	**	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 1994	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Constitution of the consti			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	OI MARTEAND	CERTIFICATE OF BEATTI	
County Colony		Powitheration Diet Ma //2	
CA A		Registration Dist. No. 42	
Village or City 136 CC		death occurred in a hospital or institution, give its NAMB instead of street and	number)
Length of residence in city or town when	re death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrs	nosd
2. FULL NAME Olmer	a boundia B	eache	
(a) Residence: No. Jack	we tolong tol	do to had ward.	
DEDCOMAL AND CTATIO	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATIS 3. ŞEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR MACE	5. SINGLE, MARRIEO, WIDOWEO, OR OLVORCEO (write the word)	21. DATE OF DEATH	193
ia. If married, widowed, pr divorced	1 Straton	(Month) (Day)	(Year)
MUSBAND of (or) WIFE of	1. R. D.	22. I HEREBY CERTIFY, That i attended	deceased fro
Note of the second	N. Seeth	april 1 ,1934 to april 19	, 19.3.
6. OATE OF BIRTH (month, day, end yeer)	Fel 26.1123	I lest sew harmalive on affice 119 193	√; death is sa
AGE Years Months	Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 3.30 pm.	
8	2 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of one
8. Trede, profession, or particular kind of work done, as SPINNER,		artenaselussio	1919
		Chronic Mysterilis	192
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	<i>-</i>		
10. Date deceased last worked at this occupation (month and	11. Total time (yeers) spent in this		
year)	occupation	Other Cuntributory Causes of Importance:	
2. BIRTHPLACE (city or town)	all but had	Other Cautinatory Causes of Impurisance.	
(State or country)	1		
13. NAME Journel	furain, fr		
14. BIRTHPLACE (city or town)	1 000 p	Name of operation	
(State of country)	. 0	What test confirmed diagnosis? Pluy Cfam Was there an	au'opsy?
15. MAIDEN NAME Charlotte	St. Toanko	23. If deeth wes due to external causes (FIOLENCE) fill in also the following	ig:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of Injury	, 19
(State or country)	-genea	Where did injury occur? (Specify city or town, county and Sta	ate)
17. INFORMANT had he had	The Real	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	LACE.
8. BURIAL CROMATION, OR REMOVAL	Colonsotte, hd		
Place and a land	Dete 0 6 2/ 1934	Manner of Injury	
L 17.01.0		Neture of Injury	on.
19. UNDERTAKER AM	~ deres	24. Wes disease or injury in any way related to occupation of deceased?	no
Charles 9	al mx. 00	if so, specify (Signed) Baat B. Lauder	8.0
20. FILEDUTE 19.324	Registrar.	(Address) 20 C Prestly le	A
			CF

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	į	Example II		
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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
I WENCE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

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STATE OF MARYLAND—CERTIFICATE OF DEATH

03554

1. PLACE OF DEATH	102 - 7/
County Salleurose.	Registration Dist. No.
Village or Cityfarresonvelle	No. St. Ward
(II	deeth occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
	yıs. now long in 0.3.11 of loraigh birth?yismosds.
2. FULL NAME Sarah I Sun	vnug
(a) Residence: No. Tarragonal (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH CASE 2 1 193 4
5a. If married, widowed or divorced HUSBAND of (or) WIFE of HUS. Promound	22. HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I st/saw h A alive on A 2/0, 193 & death is said
7. AGE Years Months Days If LESS than	to have occurred on the date states above, atm.
73 4 // Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onest
SAWYER, BOOKKEEPER, etc.	To var greenoma
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	2
12. BIRTHPLACE (city or town) Md (State or gountry)	Other Contributory Causes of importance:
1 10011	
=	
[I4, BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME 11111 & Shelland	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAMELULIE & Shift and	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMAN ASS. Clark algore (Address) And alles on The	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
16. BURIAL, CREMATION, OR REMOVAL Could Afric 23, 1934	Manner of Injury
19. UNDERTAKER CHary Heeri (Address) Jaillesville Mil.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 194 IN A Parties Registrar	(Signed) Kon S. Marter M. D. (Address) Real Parker M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		L L L L L L L L L L L L L L L L L L L	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. At CAUSE OF DEATH in plain terms, so the

-WRITE PLAINLY

very important.

TION is

MOTHER

15. MAIOEN NAME

17. INFORMANT (Address)

19. UNOERTAKER (Address)

(State or country)

Flla

16. BIRTHPLACE (city or town)- Hary-Land, -- U-

Woolery

item of infor- should state of OCCUPA.	/
MARGIN RESERVED FOR BINDING RESPENSE A PERMANENT RECORD. Every item of inforsupplied. AGE should be stated EXACTLY. PHYSICIANS should state in terms, so that it may be properly classified. Exact statement of OCCUPA.	
MARGIN RESERVED FOR BINDING RESERVED FOR BINDING RESERVED IS A PERMANENT Supplied. AGE should be stated EXACT Lin terms, so that it may be properly classified.	ate.
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SERVI NK_T] should it may	on back
RE NG I AGE that	ions
MARGIN NFADI supplied.	See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	03555
County Baltimore	Registration Dist. No. 312
Village or City Stevenson	No. St. Ward
()	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Clinton Capl	es
(a) Residence: No. Stevenson, Md.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 23rd 193 4
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Catherine F. Caples 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than 1 day,	22. I HEREBY CERTIFY, That Fattended deceased risking to have occurred on the dete stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and of death) spent in this	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset Cun shot wound in head Suicide
12. BIRTHPLACE (city or town) (State or country) Occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of importance:
13. NAME WM. H. Caples 14. BIRTHPLACE (city or town) Karyland, U. State or country)	Name of operation

18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Stevenson,

(Specify city or town, county and State)
Specify whether injury occurred in iNOUSTRY, In HOME, or In PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

03556

1	1. PLACE OF	DEATH			97	
	CountyB	Baltimore			Registration Dist. No. 32	
		ty Stevenson	deeth occurred	(li	NoSt., f death occurred in a horpital or institution, give its NAME instead of street and nost. How long in U.S. if of foreign birth?yrsmos	Ward
4	2. FULL NAN	ME Ann Jane) e: No. Stevensor	Cardwell		St., Ward. If nonresident give city or town and S	
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX Female	4. COLOR OR RACE White		RIED, WIDOWED, O (write the word) Od:	21. DATE OF DEATH April 1 (Month) (Day)	193 4 (Yeer)
_		Frances Card	vell .	847	22. I HEREBY CERTIFY, That I attended de Many years 19 to April 1 1 34;	eceased from
-	AGE Years	Months 3	Days 19	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, at _7_45_Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	kind of wo SAWYER, 9. Industry or b work was	sion, or particular ork done, es SPINNER, BOOKKEEPER, etc. usiness in which done, as SILK MILL, ,, BANK, etc.	Nothing	ma (vaces)	Arterio Sclerosis Senile Degeneration	?
12.	this occupy year) BIRTHPLACE (city (State or count	or town)try) Ireland		nt in this	Other Contributory Couses of importance:	
FATHER	13. NAME FTS 14. BIRTHPLACE ((State or o		n		Name of operation None Dete of What test confirmed diagnosis? Clinical Was there an au	topsy? No
MOTHER	16. BIRTHPLACE (country) Ireland			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	(Address)	Stevenson, M	11		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18.	BURIAL, CREMATION PlaceSalen		Date_Apr.	4,1934	Manner of injury	
19.	UNDERTAKER HE	nry C. Lassh			24. Was disease or injury in any wey related to occupation of deceased?B	Q
20.	FILEOSPILL .	2 , 1934 ///	1001	My Registrar.	(Signed) L. E. Mulhues (Address) Pikes ville, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	AL SPACE FOR	FURTHER STATI	EMENTS BY	PHYSICIAN
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V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tate	PA-	
of in	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
em	shou	0 J	
ry it	SZ	nt o	
Eve	CIA	teme	1
RD.	IXSI	stal	1
ECC	PE	xact	
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NE	CL	iffed	
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-TI	pln	nay	ack
INK	sho	t it r	on b
DN	AGE	tha	TION is very important. See instructions on back of certificate.
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UNF	ippli	term	inst
LH	ly st	lain	See
WI	[nja.	in p	ant.
ILY,	e cal	TH	port
AIN	ld b	DE/	y im
E PI	shou	OF	s ver
RIT	tion	USE	N. N.
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STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
F DEATH			

'			
2			
37)			2 2
	Registration	Dist.	No. Q 0

03557

1. PLACE OF DEATH			Jan	
County Baltimore			Registration Dist. No. 38	2
Village or City Towson			No. 316 E. Joppa Road St.,	Ward
	h occurred_5	8 yrs —— mos	f death occurred in a hospital or institution, give its NAME instead of street and num s	-11
2. FULL NAME William A	. Carr	011		
(a) Residence: No. 316 E. Jo	opa Ro	ad of abode)	St., Ward. If nonresident give city or town and St	ate
PERSONAL AND STATISTICA	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. CÓLOR OR RACE 5. White	SINGLE, MARI OR DIVORCED MATTIC	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Amil 10 (Month) (Day)	93. 7
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Katharin	e Hein	ekamp	22. HEREBY CERTIFY, That I attended dec	
			Dea 18 , 1933, 10 April 10	
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months		1858	i last sew h and alive on	eeth Is said
75 3	Days 24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Pilo		Gastrienler	20 you
Andustry or business in which			Sariling	
work was done, as SILK MILL, SAW MILL, BANK, etc				4/4/20
10 Dato deceased lest worked et this occupation (month and year)		me (years) It in this pation	Cystotomy was for enlarged prestate,	
12. BIRTHPLACE (city or town)			Other Contributory Causes of importence: Port qualic shock	12/25/3
14. BIRTHPLACE (city or town)			Name of operation Cystotomy Date of 22/	125/34
(Stete or country)	ngland		Whet test confirmed diagnosis? Clinica Was there an auto	-
15. MAIDEN NAME Ellen Cook			23. If deeth was due to externel causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Ellen Cook 16. BIRTHPLACE (city or town)			Accident, sulcide, or homicide? Dete of injury	_, 19
(State of Country)	ew Yor		Where did injury occur? (Specify city or town, county and State)	1
17. INFORMANT Mrs. Katharine (Address) 316 E. Joppa	H. Ca Road,	rroll Towson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemet	ary 4/	13 ,19 34	Menner of injury	
19. UNDERTAKER Denty Ch 6 (Address) 805 9) Cali	near.	and Son	24. Was disease or injury in any wey related to occupetion of deceased? V	Lo
20. FILED for 12, 1934 ()	fue ?	Beetlene Registrar.	(Signed) Clewell Hovell (Address) Town, Mel	M. D.
If more blan	ks are needed. A	-	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
PARRIADI V. E.				
-	;			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

)	D. Every item of infor-	SICIANS should state	tatement of OCCUPA-	
)	T RECOR	Y. PHY	Exact st	1
DATIONAL	ERMANEN	EXACTI	classified.	·•
TOTA	S IS A PI	stated]	e properly	certificat
TOTAL TREDETY FOR PILIPING	N. BWRITE PLAINLY, WITH ONFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	Z	1	T	-1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03558
1. PLACE OF DEATH	
County Baltimore	Perintentian Diet No 6
Village or City EUDOWOOD SANATORIUM, TOWSON	Registration Dist. No. 7
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Ossen line Munich	Carlos
C - TO TO LI	la a n
(a) Residence: No. V Company (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Formal of OR BIVORCED (wrige the word)	Chul 13 103 46
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That A attanded decassed from
(0) 1112 01	January 26 1933 to Cepin 13 1934
6. DATE OF BIRTH (month, day, and year) une 2. 1898	Ol last saw her alive on april 13, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:15 A.m.
35 10 // laday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade, profession, or particular	ware as follows: Data at onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	1930
9. Industry or business in which work was done, as SILK MILL, Hospital SAW MILL, BANK, etc.	1:30
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation month and 1973 spent in this	
year) Johnson 10	Other Carteillaton Course of Jacobsens
12. BIRTHPLACE (city or town) Delaware.	Other Contributory Causes of Importance:
(State or country)	***************************************
13. NAME Thomas Casheo.	
14. BIRTHPLACE (city or town)	Name of operation. Nove Data of
(State or country)	1 // 2: 1
15. MAIDEN NAME & Ola Collins.	
16. BIRTHPLACE (city or town) Demaylvania	23. If death was due to axternal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Standard Value (State or country)	Accident, suicide, or homicide? Data of Injury, 19 Whare did Injury occur?
Hospital Records Personal History	(Specify city or town, county and State)
Ludowsod Sanatorium. Towson. Md.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOXAL	Manufacture
Place Flad of Christerpate april 6, 1924	Manner of Injury
0/0	Nature of injury
19. UNDERTAKER (Address)	24. Was disaase or Injury In any wey ralatad to occupation of daceased?PQ
(AUUTOSS) rewark Delaware	If so, specify
20. FILE apr 13 , 1934 P. Gutler	(Signed) M. D.
Old Registrar.	(Address) Towson, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		;		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. AGE should he N. B.—WRITE PLAINLY, WITH V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03559
County Balto	Registration Dist. No. 33
Village or City It oothersburg Mid	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME & lina & Clifton	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Soul 20
Smale Aprile Histourd	(Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBANO of	V
(or) WIFE of 6 has. A. 6 lefton	22. I HEREBY CERTIFY, That I attended decessed Irom
6 DATE OF DIRTH (mostly days) 1 1 29 18.54	Libert sow b
6. DATE OF BIRTH (month, day, and year) 1934 7. AGE Years Months Deys If LESS than	I last saw h elive on, 19; death is said to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
79 8 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or postiguitar	were as follows: Date of Oate of oneet
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
SAWIER, BOUNNEEPER, etc.	
work was done, as SILK MILL, Austbulg	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) It set Virginia	Dther Contributory Causes of importance:
(State or country)	
13. NAME John agel	
13. NAME John Gaget 14. BIRTHERACE (city of town) Le Maland	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anne I wifith	23. If death wes due to externel causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) la sugland	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Ligard /2. 6 lefton (Address) Kustustown (Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. Blead Oate April 23, 19 st	Nature of injury.
I To Colorie of Sons	
19. UNOERTAKER Austination Md	24. Was disease or Injury in eny way related to occupation of deceased?
0/12- Rom 11 h	(Signed) 17, m, Slade MD
20. FILEO CANA 44, 1934 WY CBC CANA Registrar.	(Address) Printerotown Tred

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICI	AN

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PHYSICIANS

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mation should be carefully supplied.

of OCCUPA-

statement

Exact

properly classified

certificate.

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See instructions on back

so that

DEATH in plain terms,

CAUSE OF

is very important.

TION

19. UNDERTAKER (Address)

OCCUPATION

1. PLACE County_

2. FULL N

5a. If married, wl

6. DATE OF BIRT 7. AGE

1D. Date deceased last worked at

this occupation (month and

3. SEX

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-WRITE

	STATE C	F MARY	/LAND-	CERTIFICATE OF DEATH 03560
	Baltimore	2		Registration Dist. No. 44
Village or (No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NA	AME Jeanie ence: No. Riversid	Lorran	Essex	St., Ward. If nonresident give city or town and State
PERSOI	NAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
*F	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	, (write the word)	21. DATE OF DEATH (Month) (Day) (Yoar)
f married, widow HUSBAND of (or) WIFE of	wed, or divorced		.02/	22. I HEREBY CERTIFY. That I attended deceased from
		ct. 17-		I last saw her alive on and 9, 1934; death Is said
	ears Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at // m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	_		A
9. Industry or work wa	business in which as done, as SILK MILL, ILL, BANK, etc			Dran chofo namoma; 4/34

	year)	occupation
12.	BIRTHPLACE (city or town) Balling (State or country)	iore
ER	13. NAME Jean Cowar	N. Company
FATH	14. BIRTHPLACE (city or town) (State or country)	la
- 1	15. MAIDEN NAME murgaret	Bobart
MOTHER	16. BIRTHPLACE (city or town) Balting (State or country)	ore Co.

19.34

11. Total time (years)

spent in this

23. If death was due to external causes (VIOLENCE) fill in also the following:

Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of Injury

Other Coutributory Causes of importance:

24. Was disease or injury in any way related to occupation of deceased If so, specify

(Address) _____

Registray

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH #3561
1. PLACE OF DEATH	92:00
County 13 al / True	Registration Dist. No.
Village or City Chestnut Ringe	Np. St., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long In U.S. If of foreign birth?yrsmos ds.
2. FULL NAME Illflame I. Crue	
(a) Residence: No. Chestrut Red ge	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Spil
male white Divorces	(Month) (Day) (Year)
Se. If merried, widowed, or divorced HUSBAND of (or) WIFE of (or) WIFE of	22. / I HEREBY CERTIFY. That I attended deceesed from
(or) WIFE of Carlot of all	April 18 1983 to Africe 9th 1934
6. DATE OF BIRTH (month, day, end year) April 211/860	Hest saw how alive on March 2 01, 1974; death is seld
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at V-P-m.
7, 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were as follows:
8. Trede, profession, or particular	were es ronows:
Kind of work done, as SPINNER, farme SAWYER, BDDKKEEPER, etc. Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupetion (month end Spant in this	1. + D + + 2772
9. Industry or business in which	Worke the ungelation
work was done, as SILK MILL, SAW MILL, BANK, etc	and outer from sofr - 2900
10. Date decessed lest worked at this occupetion (month end year) year)	
The second of the second	Other Courtibutary Causes of Importance: (Hearh) Converse
12. BfRTHPLACE (city or town) (State or country)	Plike 0 - 100 ch Sull
13. NAME & Lerron Crue	July I holinest Destall
E C 11	Name of operation wone Dete of
14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diegnosis? Clarical Wes there en eutopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Single low 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
S (State or country)	Where did injury occur?
G S Hones	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) North enoug Co Out	
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Place Erroll's Chapel Consta Dete Spril/4, 1934	Neture of injury
John Quris Asis	24. Was disease or injury In any wey releted to occupation of deceased? Tho
19. UNDERTAKER Townson One	If so, specify
About 10th and Colo No. 1 Com	(Signed thuc H. Drach M. D.
20. FILED Hard 1994 H Dach In D. Registrar.	(Address) Cockcasula mi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	201 [1]
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

stated EXACTLY. PHYSICIANS should state

Exact Statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

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TION is very important. See instructions on back of certificate.

STATE-OF	MARYLAND—CERTIFICATE OF DEATH	03562
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1. PLACE OF DEATH County Balt Mare - Village or City 21 Elessent Squatonum, (II Length of residence in city or town where death occurred / yrs. 3 mos	Registration Dist. No. 3. Ward deals occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. II of foreign birth?
2. FULL NAME Turny Dryer, (a) Residence: No. 1121 & Baltimore St. Balti (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. 4. COLOR OR RACE OR DIVORCED (write the word) 5a. II married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) January 30, 1914	22. I HEREBY CERTIFY. That I attended deceased from December 22, 1932, to april 1, 1934 I last saw home alive on april 7, 1934; death is said
7. AGE Years Month's Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Locary Clerk	to have occurred on the date stated above, at 4:30 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Chronic Pulmonary Tuhuculasis 2 years
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, elc 10. Date deceased last worked at this occupation (month and spent in this	
12. BIRTHPLACE (city or town) Bultumie Md. (State or country)	Other Contributory Causes of Importance: Laryux 6 mos
13. NAME Acus Dryce - 14. BIRTHPLACE (city or town) Russin (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? ####
15. MAIDEN NAME Celia Haffman. 16. BIRTHPLACE (city or town)	23. II death was due to external causes (VIOLENCE) fill in also the Iollowing: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Oouther are Date 4 1 1934	Manner of Injury
19. UNDERTAKER 8 - A CULTUOT (Address) 1/2/7 & 17 a Landon (Addres	24. Was disease or Injury in any way related to occupation of deceased? NO. If so, specify (Signed) (Address) M. D. Leasunt, Reisterstown, M. D. 24.12 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	18	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	'		1

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	SIAUL	LOW	FURTHER	STATEMENTS	DI	Inisidian

STATE OF	MARYLAND-	-CERTIFICATE C	OF DEAT	H 63563
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1.	PLACE OF DEA	TH			CERTIFICATE OF BEATT	10000
	County Balt:				23	
		Mt. Wilso	on		Registration Dist No.	
	vinage or City			(1)	No. Tuberculos is Sanatorius. (death occurred in a horpital or institution, give its NAME instead of street a	nd number)
	Length of residence In c	ity or town where dea	ath occurred	O yrs. O mos	19ds. How long In U.S. if of foreign blrth?yrs	_mosds.
2.	FULL NAME	John '	r. Duni	gan		
	(a) Residence: No.				st.,ward. Woodstock, N	d.
			(Usual place		If nonresident give city or town	and State
3. SE	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
		hite		RIED, WIDOWED, D (write the word) Wed	April 15th	, 193 4 • (Year)
	married, widowed, or divo					
	(or) WIFE of	Julia	Dunigs	an	March 27th, 1934, to April 15	ed deceased from
6. DA	TE OF BIRTH (month, da	wand wear) Au	rust 11	th, 1866	I last saw h 100 alive on April 15th, 193	4
7. AG		Months	Days	If LESS than	to have occurred on the date stated above, at 10.40 Pm.	; death is said
	67	8	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z	& Trade, profession, or pa	articular	,		were as follows:	Date of onset
ALION	kind of work done, SAWYER, BOOKKEE		arpente	r	Pulmonary tuberculosis	May
PA	9. Industry or business in work was done, as S	SILK MILL.				1932
3	O. Date deceased last wor	ded a	11 Total ti	me (years) Un-		
0	this occupation (mo	ment .193	Spar	nt in this known	Other Coutributory Causes of Importance:	
12. BI	IRTHPLACE (city or town)	Baltimo				
.	(State or country)	Marylan			None	
	3. NAME John	T. Duni				
< 1	4. BIRTHPLACE (city or to	Wn) Unkno			Name of operation No operation Oate of	
2	(State or country)	Irela ridget Hu			What test confirmed diagnosis? X-ray, and Was there	
	5. MAIDEN NAME	** *	<u> </u>		23. If death was due to external causes (VIOL ENCE) fill in elso the follow	ing: Spatam
1	6. BIRTHPLACE (city or to	wn) Unkno			Accident, suicide, or homicide? Oate of injury	, 19
	(State or country)	N L	/ /	/	Where did injury occur? (Specify city or town, county and S	itate)
	(Address)	Wilson,	wer no	hy	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. Bl	JRIAL, CREMATION, OR R	EMOVAL Leu	Date Col	N. 18,034	Manner of injury	
	C	+ 0	- 310	13.0,2	Nature of injury.	No
19. UI	NOERTAKER OO	sin 2	Jus ,		24. Was disease or injury in any way related to occupation of deceased?	Ng
	aluge 1	and a	1965	Mara	If so, specify	7
20. FI	LEO JULO 16,	19.24	001	Registrar,	(Signed) // // // // // // // // // (Address)	M. D.
				McKinial.	(minutess) 4	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			4	

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
county Baltimore Co.	Registration Dist. No.
Village or City Catousville md	No. 36 Prospect age St. Wa
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
	ds
(a) Residence: No. 36 Profession are	St. Ward.
(Ugal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Anule White Widowed or divorced	(Month) (Day) (Year)
HU3BAND of Thomas andrew Edwards	22. I HEREBY CERTIFY. Thet I attended deceased from 1930 to While 30, 193
6. DATE OF BIRTH (month, dey, and yeer) Que. 12, 1853	Hest sew here alive on april 3d, 1934 deeth is
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at _6.35 P_m.
80 8 /8 Iday,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER. House work SAWYER, BOOKKEPER, etc	103
9. Industry or business in which	Chronic My or auditis 193
work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Bronche Pulimonia April!
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Readville Ha	Other Contributory Causes of Importance:
	Name of operation 2001
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? When all rights Was there an autopsy?
15. MAIDEN NAME of rances B. Sutton.	23. If deeth wes due to external couses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT D. Lace C dwards (Address) 36 Prospect inc.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
It Butler 45 m.	record of mjury
19. UNDERTAKER (Address)	24. Wes disease or Injury In eny way related to occupetion of deceased?
20, FILED 5/2 194 Del Sulvine	(Signed) Levells
Registrar.	(Address) 4100 Edwondon are

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arleriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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County Balto	CERTIFICATE OF DEATH
	Registration Dist. No
Village or City Hydes Parkeno	St.: Ward) (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) /6 , 1989
6 DATE OF BIRTH Unknown , 1889 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924 to 777 / 6 , 1944, that I last saw hr alive on apr. 15 , 1984.
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Word Williams Augustians
10 NAME OF FATHER Unknown	(Signed)
(State or country) I2 MAIDEN NAME OF MOTHER OF MOTHER I3 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)
OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Bessie Janto (Address) 1439 Eastern	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ashery benetry World, 19 2. 20 UNDERTAKER JADDRESS
Filed agril 17 129 phu M. Connelly Registrar If more hanks are needed, address take Registrar	mulakas & Bailey 1421 Jefferson r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

03565

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Stretement of Cause of Death—Name, first, the DISEA SCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart tanus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. causing death), 29 ds.; Bronchopneumonid (secondary), Chronic interstitial nephritis, etc. The (secondary or intercurrent) affection y Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is the definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Md les (disease ed not be ontributory

If this certificate is looked over thoroughly and a'l qu stions auswered in detail, it will prevent further correspondence. All the days is essential and must be obtained before the certificate is permanently filed.

AGE should be stated EXACTEX PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

A PERMANENT RECORD

WRITE-PLAINLY, WITH UNFADING INK-THIS IS

so that it may be

See instructions on back of certificate.

Important.

N. B.-Every Item of Information should be CAUSE OF DEATH in piain terms, se

1 PLACE OF DEATH

But in



03566 STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty I Vaccumite	00		20
		1	Registration Dist.	No.32
	0 1 11 41	/	11	
VIII	lage or City Jekesvelle Md (No. 402)	MINUTTA	(Sr. Ward)	[If death occurred is
			,	a hospital or lostitution, give its NAME instead
		,		of street and number.]
	FULL NAME Sahhel Os	sef		
	PERSONAL AND STATISTICAL PARTICULARS		DICAL CERTIFICATE OF	DEATH
3 8 5	COLOR OR RACE SINGLE,	18 DATE OF DEAT	H about	5 1024
2	WIDOWED.	TO CO	(Month)	(Day (Year)
VE	male The ORDIVORGED (Write the word)	17 I H	EREBY CERTIFY, That I a	ttended deceased from
6 DA	ATE OF BIRTH	1/2-	00 - 1	1 -tl
	1. 11 77 000	1400	7, 19B3, to Ayr	1 3 1954.
	aug. 23 , 1859	that I last saw h	s alive on Airel	5-th 1084
TAC	(Month) (Day (Year)			17
· AC		and that death occ	urred on the date stated a	bove, at // 10 m,
	76 yrs 7 mos 9 ds OR min.?	The CAUSE OF DE	EATH* was as follows:	
-				
	CCUPATION Trade, profession, or	- 0		**************************************
	ticular kind of work		1.14	0.0E.
	General nature of industry,	- us	onice My oca	rdeax allure
busi	iness, or establishment in		(Deretion)	VIS 6 mos ds
	ch employed (or employer)	***************************************	(District)	
8 B!	RTHPLACE (State or country) A It	Contributory	***************************************	*********************************
	(State or country) Paltinn mh	Secondary		
	10 NAME OF	******************************	(Duration)	yrs mos ds.
	FATHER OLAS Valleugh	(Signed)	Lance G. In	eller N.O.
10		A. 1 6/1	8.1	
Ë	11 BIRTHPLACE OF FATHER	John of , y	B.4 (Address)	succe, mix.
Ш	(State or country) Lemmy	*State the Dis	BEASE CAUSING DEATH, OF, I	n deaths from VIOLENT
ARENTS	12 MAIDEN NAME	TAL, SUICIDAL, OI	r Homicidal.	(2) whether Acciden-
d	OF MOTHER	18 FNGTH OF BE	SIDENCE (FOR HOSPITALS, I	A STATE OF THE STA
	13 BIRTHPLACE	OR RECENT HESI	DENTS	THITTIONS, TRANSIENTS,
	OF MOTHER (State or country) Lemany	At place	in the	
-		of death yrs Where was disease con	streeted 05. STRIE	yrs, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death		
,	Informant) albert a. Essex	Former or		
(1/01	usual residence		
	(Address) 402 Greenwood Est	19 PLACE OF BUR	IAL OR REMOVAL	DATE OF BURIAL
15	(NOUI VOO) TO THE TOTAL TO TH	61.	18.118	Mr a 311
10	16 of marketon	MULLE	July	, 1917
File	aprillo 100 / Mai	20 UNDERTAKER	2.1901/	ADDRESS 1984
	REGISTRAR	Harry .	W. Ohlen	V. North ar.
		1		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerobrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH
County Coultmore	Registration Dist. Ng. 44
Village or City Middle Kiver	No. But of Street Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number).
Eli latt Eli	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. January (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, AR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed or divorced HUSBAND of (or) WIFE of USEKA J. Emrice	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Morrol 25th 1866	I Jast saw har alive on alive of the first said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at L. Tem.
68 0 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Corner Thimpasis -
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this	
O this occupation (month end spart) in this occupation coupation	
12. BIRTIIPLACE (city or town) Salto C (State or country)	Other Contributory Causes of importance:
13. NAME of Markles 14. B(RPHPLACE (city or town) when we will be to country)	
14. B(RPHPLACE (city or town) Notember 1	Neme of operation Oate of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Missender (Address) Middle River md	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place SW. Gosepholemeteryoate grill, 1934	Menner of injury
19. UNDERTAKER TELALISER ASSAMING TONG (Address) 74 0 1 secan Boad	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEO agril 10, 1934 John B. Comelly Recissor	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	4)	AGIN RESERVED FOR BINDING	1	LELVI	ו תי	CIC	DINDIN	5)
N. B	N. B.—WRITE PLAINLY, WITH ONFADING INK—THIS IS A PERMANENT RECC	PLAINL	Y, WITH	UNFADI	NG II	NK-T.	HIS	SAF	ERMAN	ENT	RECC
(mation should be carefully supplied. AGE should be stated EXACTLY. PH	onld be	carefully	supplied.	AGE	plnods	be s	tated	EXAC	TLY.	PF
T	CAUSE	OF DEAT	'H in plai	n terms, so	that	it may	be p	roperl	y classifi	ed. I	Exact
)	TION is very important. See instructions on back of certificate.	very imp	ortant. S	see instruct	ions o	n back	of ce	rtifica	te.		

statement of OCCUPA-

1. PLACE O	The second secon	1		940			20
	Ballmore				Registration D	ist. No.	W
Village or (City alberton)		No.		St.,	Ward
Length of res	sidence in city or town where	death occurred 2	Qyrs,mos	f death occurred in a hospital or sds. How long In U.	S, if of foreign birth?	instead of street a	nd number) mos. ds.
2. FULL NA	Q,	I Evon	0 ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(a) Resider	nce: No. Talke	Ton	nel.	St., Ward,			
		(Usual place			If conresident gi	ve city or town	and State
	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICA	L CERTIFICATE	OF DEATH	1
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEAT	(Month)	30 (Dey)	, 193 4 (Yaar)
5a. It marriad, widow HUSBAND of	wed, or divorced	11.11 6	~	22. I HERE	BY CERTIFY		
(or) wire or	margaret /va	que co	raus.		19 to	, mat i sttend	19
6. DATE OF BIRTH	(month, day, end year)	arch 4,	1893	I last saw h	n	, 19	; daath is sald
7. AGE Yas	ars Months	Oays	If LESS than	to have occurred on the date			
	41 1	1 26	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF wera es follows:	DEATH and related ceuses	ot importanca	Oate of onset
8. Trade, profe	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc	7 '			23	************	Oate ot onset
SAWYER OF Industry or	business in which	Issema	<i></i>	angena	Pestorio		25 hund
work wa	s done, as SILK MILL, CLL, BANK, etc.	Ulaw Vin	IL:	ā			
10. Date deceas	ed last worked at apation (month and 4-30 -	34 11. Total tir spen occu	ne (years) t in this 2040				
12. BIRTHPLACE (ci	ity or town)		0	Othar Contributory Causes o	Importance:		
(Stata or cou		land	4	OK. A	Tome	lyes	4
13. NAME	Gust El	aus.				1000	mor
13. NAME	E (city or town)	0		Name of operation		Date of	
(State or	r country) may	yland		Whet test confirmed diegnos	187 Histon	Was there a	
15. MAIOEN NA	ME Susie V	alfield		23. It death was due to extern			
	(city or town)	A-1		Accidant, suicide, or homicid	7	100	
E (Stete or	country) M	aryland		Whera did Injury occur?			
17. INFORMANT	ms. Lung	& Evan		Specify whether injury occur	(Specify city or to red In INOUSTRY, In HOMI	wn, county and 3 E, or in PUBLIC	State) PLACE.
(Address)	alberto	w mel	/				
Blace W	TION, OR REMOVAL	/ . Oate 5 -	03 1034	Mannar of Injury		• • • • • • • • • • • • • • • • • • • •	
r race	0 1/ 1	Uate	, 192	Neture of Injury	*****************		
19. UNOERTAKER (Address)	Il Higust	Cità	med	24. Was diseasa or injury In	any way related to occupeti	on ot deceased?	No
20. FILEO	19.3	1	lu	(Signad) May	shall B	wish	orome M.O.
	7/	01	Registrar.	(Addrass)C	e, Requesting U. S. No. 1.	2	use

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STATE OF THE STATE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	ISICIAN
--	---------

certificate properly stated

back may AGE should

on

instructions

that

supplied. in plain terms,

should be carefully

OF DEATH

very

TION is CAUSE mation

7. AGE

OCCUPATION

FATHER See

MOTHER important.

	or- ate		CERTIFICATE OF DEATH
M	m of inf nould st OCCUF	1. PLACE OF DEATH County Baltimore Village or City Dukonlysvalley	Registration Dist, N
	RD. Every item [YSICIANS sho statement of C	Length of residence in city or town where death occurred yrs mos 2. FULL NAME Volter Eyre	death occurred in a hospital or institution, give its NAME instead
	SET	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
rh	NT RE	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) While OR DIVORCED (write the word)	21. DATE OF DEATH Opril 2
NDING	MANE KACT lassifie	58. If married, widowed or divorced HUSBAND of Cortherne Clijabeth Eyre	1 HEREBY CERTIFY. That Of et 8th 1932, to afra

Months

Days

11. Total time (years) spent in this

occupation _ .

If LESS than

or____min.

6. DATE OF BIRTH (month, day, and year) Got

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.____

this occupation (month and

10. Date deceased last worked at

14. BIRTHPLACE (city of town (State or country)

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address

16. BIRTHPLACE (city or (State or country)

18. BURIAL, CREMATION, OR REMOVA

Registration Dist. No. _St.,___ ospital or institution, give its NAME instead of street and number) ong In U.S. if of foreign birth?_____yrs.____mos.__ If nonresident give city or town and State DICAL CERTIFICATE OF DEATH DEATH EREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows Date of onset Name of operation What test confirmed diagnosis? Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?.. Where did injury occur? (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEOGRAPHY S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PI	IYSICIAN
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PHYSICIANS should state

stated EXACTLY

AGE should be

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

DI ACE OF D

V. S. No. 1

STATE	OF	MARYLAND-	CERTIFIC	ATE	OF	DEATH	ł
EATH				-			

11	1,	1	-	1	2	
0	0	0	6	-	ı	

2 001	107-00
County Baltimore	Registration Dist. No.
Village or City beakley swille me	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of loraign birth?
X	· 0H - 1
2. FULL NAME Diana Virgini	ca jair.
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
Hemale white 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write tha word)	21. DATE OF DEATH
50. 16 married, widowad, or diversed HUSBAND OF (or) WIFE of Saure ("Hair	1 HEREBY CERTIFY, That I attended deceased from 14 or 1934 to April 19th 1934
6. DATE OF BIRTH (month, day, end year) aug 13-1838	I last saw h & alive on Afril 18th 19 & 4 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at _3_ /m.
9.5- 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	ware, as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brownhal Pneumona 4/13/36
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
year) Occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) / Mary Laurd	
13. NAME Kuzir Corsued	
13. NAME Kusis Wisus 14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME // Marcia Bull	23. II death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME () rguis Bulg 16. BIRTHPLACE (city or town)	
State or country)	Accident, suicide, or homicide?
17. INFORMANT Mis Preston Gardier	Where did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hawforteed mad	
18. BURIAL, CREMATION, OR REMOVAL	Mannar ol injury
Place Beatleysvillata 7-12,19,34	Natura of Injury
19. UNDERTAKER School Official (Address) Account to the second of the se	24. Was diseasa or Injury in any way ralated to occupation of decaasad?
(Address) Haufstelag Mel	Il so, specify
20. FILED 4-20 , 1934 tocks Town Registrar.	(Signad) M. D. (Address) Hampstead Jud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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1	Example II			
Date of onset	The principal cause of dcath and related causes of importance were as follows: Attack of epilepsy			
1921	Run over by street ear	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
1				
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5, 1927	Date of onset The principal cause of dcath and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:		

V. S. No. 1

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

of OCCUPA.

Exact statement

1. PLACE OF DEATH	93.0	<i>(a</i>)
County Baltime	Registration Dist. No. 30	
Village or City Crange Groz	No. all Saints Convent St.	Ward
t (li	death occurred in a hospital or institution, give its NAME instead of street and numbe #ds. How long in U.S. If of foreign birth?	
		us.
(a) Residence: No. Oll Saints - Commund -	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Suitange Charity	21. DATE OF DEATH (Month) (Day) , 193	Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decease	sed from
6. DATE OF BIRTH (month, day, and year) True 5 4 18 45	Hast sawh_w_alive on_ Chil (1), 19.34; deal	th is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3_Qm.	
88 10 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	e of onset
8. Trade, prefession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation all life.	Dther Contributory Causes of Importance;	gu
12. BIRTHPLACE (city or town) - W. S. Lung Im D. C. (State or country)	Semile.	
13. NAME William Frich	arteur Islamis	
13. NAME William Frich 14. BIRTHPLACE (city or town) Alsfandria (State or country)	Name of operation	v? Cha
15. MAIDEN NAME Eliza au Starr	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Éliza ann Starr 16. BIRTHPLACE (city or town) alexandria (State or country) Virginia	Accident, suicide, or homicide? Date of injury, Where did injury occur?	19
17. INFORMANT david, M. Miss Superior, ale Saints Disters (Address) ale Saints Convent, Quange George, Mrs.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, GREMATION, OR REMOVAL Place aroung Fitte Date agent 21 , 1934	Manner of Injury	,
19. UNDERTAKER & Janker State Garage (Address)	24. Was disease or injury in any way related to occupation of deceased?	<u> </u>
20. FILED april 19, 1934 marshall Blush Registrar.	(Signed) Marshall B Work (Address) Q alounelle Mo	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
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Chronic interstitial nephritis & C & I V & D	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
HAY 3 Date					
Other contributory causes of importance:	Ä	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

of

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKER

20. FILEDAM

(Address)

mation should be carefully supplied.

V. S. No. 1

OCCUPA-

Jo

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03573			
1. PLACE OF DEATH	CERTIFICATE OF BEATT			
1B-0+1	HIL			
County Dallings	Registration Dist. No.			
Village or City Lynch Twent Me	7. No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)			
	sds. How long in U.S. if of foreign birth?yrsmosds,			
2. FULL NAME James L. Forfield (a) Residence. No. Marth Pount Rd (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Abril 21 (Year)			
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from			
5. DATE OF BIRTH (month, day, and year) 7/ 2 /933	Oli a all			
5. DATE OF BIRTH (month, day, and year), Tube 2 1933 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at			
/ 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8 Trade profession or particular	were as follows: Measle Date of onset			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	april 1			
9. Industry or business in which	11734			
work was done, as SILK MILL, SAW MILL, BANK, etc				
D ID. Date deceased last worked at this occupation (month and year)				
DISTURE ACT (six as Asset)	Other Cautributary Causes of importance:			
12. BIRTHPLACE (city or town) (State or country)	Storeline mummer fire 13			
13. NAME Thomas Farbes	11434			
14. BIRTHPLACE (city or town)	Neme of operation			
(State or country)	What test confirmed diagnos the same Was there an autopsy? Hu			
15. MAIDEN NAME Omena. Ford	23. If death was due to external causes (VtDLENCE) fill In also the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19			
(State or country)	Where did injury occur?			
(Address) Morth Point Rd.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury			
Place Oak Lawn. Dete Upril 231934	Nature of Injury			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed).

(Address) ...

-font

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Example I		Example H		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
NUNBAU V. B.				
Other contributory causes of importance:	rice titles	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Informant)

PLACE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

Village or City Thywruth (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME i
2FULL NAME Gerbrude 7	steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Freed Blad Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 28, 1984 (Month) 28 (Day) / 934 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Mell 15 1927 4 to 27 , 1927 that I last saw here alive on 27 , 1923.
7 AGE 5 9 yrsmosds. If LESS than I day hrs. ormin.?	and that death occurred on the date stated above, at SAn The CAUSE OF DEATH * was as follows: May Caully
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Acut Deletation Secondary (Duration) Nrs. 7 mos. d Contributory Acut Deletation (Duration) yrs. mos. d
11 BIRTHPLACE OF FATHER State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER Aud Hurr	(Signed) #State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed loborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, household only (not paid Housekcepers who receive a Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile foctory. The material Locomotive engineer, .,""Deal-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Chronic etc. The valvular heart contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registration Dist. No.

How long in U.S. if of foreign birth?_

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH

deeth occurred_____

Length of residence in city or town where

pluods PHYSICIANS RECORD. Xact certificate, jo back may plnods that instructions supplied. terms, ain important. DEATH very OF

BINDING

RESERVED

ARGIN

-WRITE CAUSE mation

If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Yeer) 5e. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years If LESS then Months Days to heve occurred on the dete steted above, at: The PRINCIPAL CAUSE OF DEATH end related ceuses of importance or____min. Date of onset Trede, profession, or perticular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 1D. Date deceesed last worked at ff. Total time (yeers) this occupation (month and spant In this occupation .. 12. BfRTHPLACE (city or town) (State or country) FATHER f3, NAME f4. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? Wes there an autopsy?. MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? f6, BIRTHPLACE (city or town) (Stete or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE, (Address) 18. BURIAL Manner of injury 19. UNDERTAKER way releted to occupation of deceesed: (Address) If so, specify 20. FILED ... Registrar. If more blanks are meded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

2 mos. 13 ds.

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Example I	-	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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HAY 3 1931	ā 1			
Other contributory causes of importance:	£ 1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

7	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
•	

AGE should be stated EXACTLY.

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

4.		po-	- my	1.00
	. 3	5	1	1
()	U	U		

1	. PLACE OF DEA	TH	WITT		- Wash
/	County Baltimore				Registration Dist. No. 43
Village or City Overlea				(II	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in ci	ty or town where deat	occurred	yrsmos	ds. How long in U.S. if of foreign blrth?yrsmos,ds.
2	. FULL NAME		illiam	E. Good	win
	(a) Residence: No.	717 Elmw	Ood Ro (Usualplace	ad of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AN		L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Male Whi			RIED, WIDOWED, D (Turite tha word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a.	If married, widowed, or dive HUSBAND of (or) WIFE of	Garah Goo	dwin		22. I HEREBY CERTIFY, That I attended deceased from
16. E	OF BIRTH-(month, da	v. end vear) Ma	v 4 18	56	I last saw h alive on 1900 (1900); death is said
7. A		Months	Oays	If LESS than	to have occurred on the date stated above, atm.
	77	11	22	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z	8. Trede, profession, or pa	8. Trede, profession, or particular kind of work done, as SPINNER, Tahoner			Late of anset
OCCUPATION	SAWYER, BOOKKEE	PER, etc	aborer		Dasfue Flor
NP.	9. Industry or business in work was done, as 3 SAW MILL, BANK,	SILK MILL,			Hemmhage
ខ្ល	10. Oate deceased last wor	rked at	11. Total ti	me (years)	
0	this occupation (mo	nth and	sper	nt in this pation	j
12.	BIRTHPLACE (city or town)	Baltimo	re. Md		Other Contributory Causes of importance
	(State or country)				Santa : Xloes
ER	13. NAME Jar	nes Goodw	in		Nav.
FATHER	14. BIRTHPLACE (city or to	wn) Balti	more.	Md.	Name of operation. Date of
	(State or country)				What test confirmed diagnosis?
MOTHER	15. MAIDEN NAME	not know	n		23. If death was dua to external causes (VIOLENCE) fill In also the following:
5	16. BIRTHPLACE (city or to	wn)	t knov		Accident, sheide, or homicide?0ete of Injury, 19
2	(Stata or country)				Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Cora Weil			30		Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	(Address) 717 BURIAL, CREMATION, OR F	Ellwood R	OHC		Manner of injury
	Place met. Cars	nei bem	Date apr	128,1934	
19. UNDERTAKER George W. Sirbler		~	Nature of injury 24. Was disease or injury in any way releted to occupetion of decaased?		
	(Address) 1737	0 E. 0	Sager,	gt.	If so, specify
20.	FILED 4 22,	1934 8	a.Fin	t m.D	(Signed) 2001 (M. O.
	A			of Registrar.	(Address)

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See instructions on back of certificate.

TION is very important.

should state

of OCCUPA-

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
OITT		IAIN VIZIE	./ \ \	OLIVIII I	CILL	VI	DEALL

STATE OF MA 1. PLACE OF DEATH	RYLAND-	CERTIFICATE OF DEATH	78
County Baltimore	4.07	Registration Dist. No.	
Village or City Towson		No. St.	Ward
		death occurred in a hospital or institution, give its NAME instead of street and number	r)
Length of residence in city or town where death occurred	yrsmos	ds. How long in U.S.If of foreign birth?yrsmos	ds.
2. FULL NAME YOUNG STATE	on Is		
(a) Residence: No. 20 1 With Cont	agheappeach	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, M	ARRIED, WIDOWED,	21. DATE OF DEATH Thil 2 (193	4
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day)	Year)
(or) WIFE of angle	1878	22. I HEREBY CERTIFY, That I attended decease	sed from
Nov 19		, 19, to, 1	9
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	If LESS than	I last saw h alive on, 19; deat	th is seld
6 3 5	1 dey,hrs.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Se Trade profession or particular	ormin,	were as follows:	n of onset
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	R.	Quite X Otation of beaut	
9. Industry or business in which work was done, as SILK MILL.	3 Shrice	The second of th	
- In a occupation (month any	al time (yeers) spent in this	Primary cause: acute myocardities.	
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	7 -		
	9,		
I All lad	ol.		
4. BIRTHPLACE (city or town)	60	Name of operation Dete of	
	MA-M	What test confirmed diagnosis? Was there an autopsy	1?
	d.	23. If death was due to external ceuses (VIOL ENCE) fill In also the following:	
O 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?, 1 Where did Injury occur?, 1	19
17. INFORMANT Printers 11.	asga	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	let	Manner of injury	
Place Drosfert H all Date	, 19	Neture of injury	
19. UNDERTAKER John Burns (Address France Address Addr	Sone	24. Was disease or injury In any way related to occupation of deceased?	1
20, FILED Sheel 28 1994 At 1 But	levs	(Signed) William !- Sulles (Corone	WM. D.

Registrar.

(Address) Jownson

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis .	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	URTHER STA	ATEMENTS I	\mathbf{BY}	PHYSICIAN
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1	STATE OF MARYLAND C	03373
	County Dattruse	Registration Dist. No. 3
	Village or City bockeyprills	NoSt., Ward
		leath occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. It of foreign birth?yrs,mos,ds
	(a) Residence: No Mouttons (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White OR DIVORCED (Wite the word)	21. DATE OF DEATH April 5 (Day) (Year)
	a. It married, widowed, or divorced HUSBAND ot (or) WIFE of Martha T. Butture	22. HEREBY CERTIFY, Thet t attended decessed from
•	DATE OF BIRTH (month, day, and year) Seft. 22, 1863	t tast saw h; death is sai
3	AGE Years Months Days If LESS then I day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as tollows:
NOLLYON	Trade, profession, or particular kind of work done, as SPINNER, solve of work done, as SPINNER, solve of the second of work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date decaased last worked at this securation (month and this	Northern Courtain Railroad at Consequentle Station
1	10. Date decaased last worked at this occupation (month and year)	Occidental Conggo Other Contributory Causes of Importance:
	(State or country)	
	13. NAME Ale founder Suttine 14. BIRTHPLACE (city or town) (State or country) Lelaware	Name ot operation Date ot What tast confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME Elizabette Engle	23. It daath was due to externat causes (VIOLENCE) fill in also the tollowing:
2502	15. MAIDEN NAME Elizabethe Engle 16. BIRTHPLACE (city or towns) Selanyaire with the country)	Accident, suicide, or homicide? Occident. Date of Injury
_	17. INFORMANT Martha 1. Butterse (Addrass) Moukton Sud:	(Specify city or town, county and State) Spacify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
]	Place suggest Date Child 6, 19-34	Manner of injury
	19. UNDERTAKER Son CAddress) Sparks & Son	24. Was disaasa or injury In any way related to occupation of deceased? If se, specify Allagam, P. Author (Conoully)
	20. FILED Cipul 5, 1934 Hu . Gutter Sel Registrar.	(Signad) (Address) (Addres

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

C// RE 0 5 moitsin

STATE OF MARYLAND	CERTIFICATE OF DEATH U358U
1. PLACE OF DEATH	
County Jacto	Registration Dist. No.
Village or City Paradise Carry	No. C. St., Ward
(If Length of residence In city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. www.lyng/in U.S. If of foreign birth?
stiller is	ut (Haley)
2. FULL NAME WILL OF WINGE	St., Ward.
(a) Residence: No. (UsusIplace of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Wale 4. COLOR OR RACE OR DIVORCED (waite the word) Single, MARRIED, WIDOWED, OR DIVORCED (waite the word)	21. DATE OF DEATH Office 10 to 19334
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5 DATE OF RIPTH (month day and year) Charle (0 1/93)	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sull von
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and	fortus
10. Dato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Janadi's Cark	Other Contributory Causes of importance:
(Statyor country) ? M.d.	(musture brits
13. NAME James R, Haley	
14. BIRTHPLACE (city or town) Chestatown	Name of operation Date of
- Colote of country)	What test confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME VIVLAN & Narz	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Balto Med	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Wise and Haley (Address) Wise are	Specify whether injury eccurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Recuir 16 pour blie pour 19	Nature of injury
19. UNDERTAKEBLE atemical haboratory (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED apr 11, 1934/91. M. mjusin. Registrar.	(Signed 1. (Signed M. D. (Address) Afrancis Oins
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimare, Requesting V. S. No. 1.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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COUNTY

HEALTH DEPARTMENT OF BALTIMORE

CERTIFICATE OF DEATH 93-0

of D. Every item of YSICIANS should 1. PLACE OF DEATH. Baltimore County statement Co. 2. FULL NAME (a) Residence: No. 22 (Usual place of abode) classified PERSONAL AND STATISTICAL PARTICULARS stated EXACTL 3. SEX 4 Color or Race properly classof certificate. Temale 5a. If married, widowed, or divorced HUSBAND of armstrona (or) WIFE of 6. DATE OF BIRTH (month, day, year) 7. AGE Months 8. Trade, profession, or particular instructions kind of work done, as spinner, sawyer, bookkeeper, etc .. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at this occupation (month and terms. year) See 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME information should I state CAUSE OF D OCCUPATION is ve 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)

18. BURIAL, CREMATION,

19. UNDERTAKER (Address)

Days

Registrar

(Address)

BINDIN

MARGIN

Registered No. (If death occurred in hospital or institution, give its NAME instead of street and number.) Length of residence in city or town where death occurredyrsmosds. How long in U.S. If of foreign birth?.....yrsmosds. (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, 21. DATE OF DEATH (month, day, year or Divorged (write the word) I HEREBY CERTIFY to have occurred on the date stated above, The principal cause of death and related causes of If LESS than importance were as foilows: Date of onset 1 dayhrs ormin. 11. Total time (years) spent in this taker contributory causes of importance: occupation Name of operation What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the foliowing: Accident, suicide or homicide? .Date of injury ... (Specify city of county and State) Specify whether injury occurred in industr piace. Manner of injury Nature of injury any way related to occupation of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriostlerosis -Attack of epilepsy 1 week ago 1915 Chronic interstitue nephritis 1 week ago Run over by street car 1921 July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1, 1923 Gastroenteritis Gallstones 1 year

TION is very important. See instructions on back of certificate.

	STATE OF MARYL	AND-	CERTIFICATE OF DEATH 035	52
1	. PLACE OF DEATH		B (4)	
	County County		Registration Dist. No.	
	Village or City Edgemere	(16	No. St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	Length of residence in city or town where death occurredwrs			ds.
2	. FULL NAME Still bon in	fan	(Hancrex)	
	(a) Residence: No.	0	St., Ward.	
	(Usual place of abod		If nonresident give city or town and State	
2 (PERSONAL AND STATISTICAL PARTICUL 25 4. COLOR OR RACE 5. SINGLE, MARRIED, 1		MEDICAL CERTIFICATE OF DEATH	
1	hale white or DIVORCED (wind		(Month) (Day) (Ye	C ar)
5a.	tf marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased	
	DATE OF BIRTH (month day and year) (Abril 201)	19211	19 , to , 19	
-	or bittle thioties, ooy, and year)	L'ESS than	to have occurred on the date stated above, at 43 A. Am.	12 2010
	1 da	1	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7	8. Trade, profession, or particular	/ HITRO	were as follows:	lonset
110	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		(Ital von	
OCCUPATION	9. Industry or Dusiness In which work was dona, as SILK MILL, SAW MILL, BANK, etc			
၁၀	10. Date deceased last worked at this occupation (month and year) 11. Total time (ye spent in the year)	IS		
12	BIRTHPLACE (city or town) Edgemere)	0	Other Contributory Causes of importance:	
14.	(State occountry)	4.	holapse of hime	
ER	13. NAME VENTENTIV. Hancoc	15	1 // //	
FATHER	14. BIRTHPLACE (city or town own or	,)	Name of operation	~~~~
-	(Stata or country)	1	What test confirmed diagnosis? Was there an autopsy?	
HEF	15. MAIDEN NAME Lyfic C. Lam		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city outown) wangs	fa	Accidant, suicide, or homicida?, 19	
-	(State Country)		Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANCE OF CONTROL (Address)		Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR REMOVAL	2	Manner of injury	
_	Brase Laure En Date for 7	1934	Nature of injury	
19	UNDERTAKER John F. Danny		24. Was diseasa or injury in any way related to occupation of deceased?	
_	(Adduss) Baltimon		If so, specify	
20	FILE Of 210, 1934 / 18 780 Com	Registrar.	(Signed) 1 (Address African Carm	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ACOENU VIII				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICHANS should state

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

CEDTICICATE OF DEATH

		ST	ATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	3583
1.	PLACE OF	DEATH	4			107-02	2 7
	County	Balt	timore			Registration Dist. No	JA
			wson, Ma	ryland		No. Sheppard and Enoch Pratt Hospideath occurred in a hospital or institution, give its NAME instead of street and	talWard
					(If	death occurred in a Norpital or institution, give its NAME instead of street and 4 ds. How long in U.S. If of foreign birth?	number)
							1031
2	FULL NAM					3 4.1	
	(a) Residence	ce: No3	3305 St.	(Usual place	Avenue - 1 of abode)	al stimore, Wher yland If nonresident give city or town an	d State
	PERSON	AL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	female	4. COLOR whit			RIED, WIDOWED, O (write the word) Led	21. DATE OF DEATH April sixth (Month) (Day)	., 193 4 (Year)
5a.	If married, widows	ed, or divorce	ed				
	(or) WIFE of	John	Joseph 1	Hare		22. I HEREBY CERTIFY, Thet I ettended April 2nd 19 34 to April 6th	d deceesed from
				V	1891 or	lest saw h er alive on April 6th 1934	,
	DATE OF BIRTH (Months	Days	1892	to have occurred on the date steted above, at 3.10p.m.	, 00011113 3010
	42 or 43		seven	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
		ssion, or part		1 •	ormin.	were as follows:	Data of onest
PATION	kind of w SAWYER,	work done, as BOOKKEEPE	icular SPINNER, ER, etc	ousewife		Broncho-pneumonia	Apr. 4
PAT	9. Industry or 1	husiness in w	vhich	-			
CCO	SAW MIL	s done, as SIL L, BANK, etc		11 Total f	ima (vaare)		
ŏ	this occup	pation (month	h and an - 1934	spa occi	ime (yeers) nt in this		
						Other Contributory Causes of Importance:	
12.	BIRTHPLACE (cit		par tim	ole War	Tatin	Toxic Psychosis	
2	13. NAME Mi	chael	Burke			Dehydration and malnutrition	
FATHER	14. BIRTHPLACE			land		Name of operation Date of	to to
F	(State or			47.44		What test confirmed diegnosis?none Was there an	
ER	15. MAIDEN NA	ме Маз	rgaret H	ines (Bur	ke)	23. If death was due to external causes (VIOLENCE) fill in also the following	
OTH	16. BIRTHPLACE	(city or tow	m) Balt	imore.	Mar yla nd	Accident, suicide, or homicide?	, 19
Σ		country)				Where did Injury occur?	
17.	INFORMANT	Hospit	tal reco	rds		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC F	LACE.
18.	BURIAL, CREMAT	TION OR REI	MOVAL 1	1 4	. ~!/	Manner of injury	
	Place_Neu	I (ell)	redral la	Date.	1934	Nature of injury	
19.	UNDERTAKER (Address)	901 H	J. Cowa	n Y Son	·	24. Was disease or injury in any way related to occupation of deceased? If so, specify	n0
20.	FILED afor	k, 19	34 9	pup !	Bulles . Registrar.	(Signed) Aleks Patter Patter (Address) Towson, Maryland	M. D
	/				Acgistrar.	Waly 1and	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory caused of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

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MARGIN RESERVED FO	NK	sho	+:
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3GI	FA	lied.	Smi
[A]	1	ddw	for
F	TH	ly o	lain
	WI	eful	in p
	E.	car	CAUSE OF DEATH in plain terms so that it may be not
14.	NI	pe	EA
	Ta	prino	
	TE	us 1	日
	VRI	ation	SOL
70.1	1	E	Ü
V. S. No. 1	N. B.—WRITE PLAINLY, WITH XFADING INK-THIS IS	1	1
>	64	1	1

	MARYLAND-	-CERTIFICATE OF DEATH	13581
1. PLACE OF DEATH		100	
County Ballimore	0 -	A Decide to Division	70
Village or City & ALAR	00 /0/	Registration Dist. No.	w
		If death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death	occurredyrs,mo	s. 6 ds How long in U.S. if of foreign birth? yrs	103ds.
2. FULL NAME OLENG	uente Elizab	ith Hawkens	
(a) Residence: No. (Yark	dire, md.	St., Ward.	
PERSONAL AND STATE	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
S. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (sprite the word)	21. DATE OF DEATH	
5a. If married, widowed, or divorced	Single	(Month) (Day)	(Yeer)
HUSBANO of (or) WiFE of			
(OI) WIFE OI		Canal a 24/	deceased from
6. DATE OF BIRTH (month, day, and year)	Narch 3, 1934	I last saw her alive on Grail 9 10 24	, 19
7. AGE Years Months	Days If LESS than	10 46	; death is said
	6 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related course of	
8. Trade, profession, or particular kind of work done, as SPINNER,	6 ormin.	were as follows:	Date of onset
SAWYER, BOOKKEEPER, etc.		- where pleasen	alion
NO STATES, Profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et			Copul 7:
SAW MILL, BANK, etc	1		
this occupetion (month end	II. Total time (years) spent in this		
0.4 0	occupetion	Other Contributory Caoses of Importance:	
12. BIRTHPLACE (city or town) (State or country)	ue inch.		- 2
	grand,		
14. BIRTHPLACE (city or town). Bala	for Howens		~~~~~~~~
14. BIRTHPLACE (city or town) (State or country)	gnorl	Name of operation Date of	
	A.	What test confirmed diagnosis? Was there an a	u'opsy?
15. MAIOEN NAME Laura E	, Hav Harriday	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	soullo	Accident, suicide, or homicide? Oete of injury	
(State or country)	a .	Where did injury occur?	
17. INFORMANT Malley - L	aura Hambi	Specify whether injury eccurred in INOUSTRY, in HOME, or In PUBLIC PLA) CE.
(Address) 18. BURLAL, CREMATION, OR REMODAL	sol .		
Western Has	4/12 34	Manner of injury	
N	7/	Neture of Injury	
19. UNOERTAKE	mylen	24. Wes disease or injury in any way releted to occupation of deceased?	165
(Muliess) of the things	case st	If so, specify	A
20. FILEO T/10 19	Ladreas	(Signed) I when the	Ke M. D.
39	Registrar.	(Address) 19 wenters av	75
If more thanks	State Registrar, 2	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephrais	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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IYSICIANS should state ORD. Every item of inforstatement of OCCUPA. Exact B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. instructions on back of certificate. irms, so that it may be supplied. arefully TION is very important. mation should be CAUSE OF DE

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 035
County Galtimore	(67)
(083) Mari	Registration Dist. No. 3 8
Village or City awson	No.
Length of residence in city or town where death occurredyrsm	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Samuel Hein	U
(a) Residence: No. Annibactor Many	5 St avoison bld
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.8EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH Of il 29
5a. If merried, widowed, or divorced HUSBAND ot (or) WIFE of	(Year)
Mary Ella Neury	CERIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) March 4, 1902	l last saw h alive on, 19, 19, 19, death is said
Months Deys / If LESS than	to have occurred on the dete stated above, atm
or min	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Suicide Date of onset
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	I estal elsot avound over justit
this vecupations month and	ear wests too caliber
year) 4 spant in this occupation	revolver found by lies
12. BIRTHPLACE (city or towo) lelearles County	Other Contributory Causer of importance:
(State or country) Charyland 13. NAME	1
13. NAME Unknown	Farm
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date ot
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT Mary Fella, Henril	where are injury occur?
(Address) 29 12 22d lo 1341. Sud	(Specify city or town, county and State) Specify whether injury eccurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Well of Margare Millials 1 ask	Manner of injury
Place Price Salvary Oate Stight 1934	Nature of injury.
19. UNDERTAKER Carpula Squally	24. Was disease or injury In any way related to occupation of deceased?
(Address) 14 fix & Physiog Ab.	If se, specify
20. FILED april 27, 1934 St. 1. 1 Defter	(Signed) Williams 1. I Tuller Coroner M. D.
If more blanks are model at the	(Address) (Assessment Orion
-, more viantes are needed, address State Registrar, 2.	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:	34.
8.—The trade, profession, or particular kind of work done.	., HO
9.—The industry or business in which the work was done.	2 2 3
10.—The month and year the deceased last worked at the occupation.	EXE.
11.—The number of years the deceased followed the occupation.	国・一田

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc. as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example Ti	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car = 70 9 > 17	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1988 6	
P	7	1 22	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
\$		704	
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		1 2 - 0 - 0	

PHYSICIANS should state

stated EXACTLY.

certificate.

of

See instructions on back

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.—WRITE PLAINLY,

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Per

Exact statement

STATE OF MARYLAND-	CERTIFICATE OF DEATH 03586
1. PLACE OF DEATH AL	
County Dustimore	Registration Dist. No.
Village or City Essey M.J.	No. St. Ward
(III	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Togeth A Server	1.
(a) Residence: No. Essely (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merriad, widowad, or divorcad HUSBAND of Course Barbura Crouse (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1934 to April 5 1934
6. DATE OF BIRTH (month, day, and yeer) 26.25-1854	I last saw h an alive on append 5 , 1934; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5. 24 m.
0	The PRINCIPAL CAUSE OF DEATH end related causes of Importence ware as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc	Wasulan disease ?
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Bultumore City (State or country)	Other Contributory Causes of Importance? - Asperson Mary Manual January 3 days
13. NAME Zinknown	Carramar shi journants fundamen
13. NAME Linkway 14. BIRTHPLACE (city or town) Balto (State or country)	Name of operation
15. MAIDEN NAME CINNA	
16. BIRTHPLACE (city or town) 3-lb - (Stata or country) 3-lb -	23. If death was due to external ceusas (VIOLENCE) fill in also the following: Accident, suicida, or homicida?
17. INFORMANT Alanghtes Florence De Jea (Address) Essex md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place January Cens. Data 4 7 , 19.3 ×	Mannar of Injury
19. UNDERTAKER John 9. Connelly (Address) osen much	24. Was diseasa or injury In any way ralated to occupation of daceasad?
11 20 00 . 6 0 11	(Signad) /// Silluntanduer - M. D.

(Addrass)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 7 1034			
Other contributory causes of importance: S. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

		DUIGNIG IN I GENERALI VIDA	TTO	COTAT	7 4 47 77	1	10.1	DITTOTTO)
Z	B.	N. BWRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECO	ONFADIN	NG IN	K-TI	IIS	IS A P	ERMANEN	r RECO
1	-	mation should be carefully supplied. AGE should be stated EXACTLY. PH	upplied.	AGE s	plnous	be s	stated	EXACTL	Y. PH
1	-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	terms, so	that i	t may	be 1	properly	r classified.	Exact
)	1	TION is very important. See instructions on back of certificate.	instructi	ons on	1 back	of c	ertificat	·e·	

YSICIANS should state RD. Every item of infor-

statement of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	587
1. PLACE OF DEATH		93-0	
County Baltimore		Registration Dist. No.	,
Village or City Castonsvill		No. Beechwood + Midvall ave St.	Ward
Length of residence in city or town where deeth	(1)	death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
2. FULL NAME Folla 1	U. Highy		
(a) Residence: No. Beechwood	En Midwale ou	KS St. Ward.	
	(Usual place of abode)	If nonresident give city or town and S	late
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
Female white !	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. I.	tigley	22. I HEREBY CERTIFY. That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	30 1861 Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 11:30 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Home	Myocardilis	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this securation (month and			
10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Muttheur (State or country)	e leo	Other Contributory Causes of importance: Hy po Static Preumonia	3 Day
13. NAME John Edward	Thomas		
13. NAME Yolun Edward 14. BIRTHPLACE (city or town) (State or country)	cginia.	Name of operation Lawr , Date of	onev? No
15. MAIDEN NAME Mary Jan	L Dians	23. if death was due to externel causes (VIOL ENCE) fill In also the following:	000) 132 024
15. MAIDEN NAME Mary Jan 16. BIRTHPLACE (city or town) (State or country)	Paraille .	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT A. K. Survette & Million & Milli	Highey Calmerille	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	1:4.4.	Menner of injury	
Place Dallimore Challey D	ate Office 25, 1934	Nature of injury	
19. UNDERTAKER Clas, S. Black	ich ave Boltom	24. Was disease or injury in any wey related to occupation of deceased?	<u>م</u>
4/	M	d. (Signed) lusth solver fort-	M. D.
20. FILED. 19 19 19 19 19 19 19 19 19 19 19 19 19	Registrar.	(Address) 200 Lastrey tanol-	
If more blank	ave neesed, addre regate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Bello.	Ken

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 31 1924			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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THE NEADING INK-	y supplied. AGE show	ain terms, so that it ma	See instructions on bac
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TE PLAINLY, WITH WIFADING INK-	a should be carefully supplied. AGE shou	E OF DEATH in plain terms, so that it ma	is very important. See instructions on bac
WRITE PLAINLY, WITH WAFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	FION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03588
1. PLACE OF DEATH	(23)
County Salto	Registration Dist. No. 30
Village or City O almos wille	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Wm amos Hora	
(a) Residence: No. Edmondon and	Cat. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Male Male A COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edith Horey	22. 1 HEREBY CERTIFY, That Lattended deceased from
B. DATE OF BIRTH (month, day, and year) Seht 23 1885	I last sawn see alive on Ashert 2 1934; death is sale
AGE Years Months Days If LESS than	to have occurred on the data steted above, at
48 6 28 1 day, or min.	ware as follows.
8. Trade, profession, or particular kind of work dona, as SPINNER, sawyer, BDOKKEEPER, etc.	Date of onset
skind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at bis securation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation 154	
12. BIRTHPLACE (city or town) M. M. Celfy (State or country)	Other Contributory Causes of Importance:
13. NAME Les Horen	7
13. NAME Seo Horry 14. BIRTHPLACE (city or town) A Celly (State or country)	Neme of operation
15. MAIDEN NAME Clarabeth Primare	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Elizabeth Juniose 16. BIRTHPLACE (city or town) (State or country) 17. W. Celly	23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Edith Honey (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ballo Cem Date ap. 23, 1934	Manner of injury
19. UNDERTAKER A Tickney of Sunday	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 4/2 f , 193 & Bloom Registrar,	(Signed) O'S And Johnson M. D. (Address) (AD A Address) (Andress)
If more blanks are notified, address State Resistrar	2411 N. Charles Street Baltimore Requesting 71 S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritondis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory auses of importance:	1 year

V. S. No. 1

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MESERVED FOR BINDING	INK-THIS	
KGIN K	UNFADING	
	WITH	

- 2	1. PLACE OF DEATH	(82-01)
	County Ballimore	Registration Dist. No.
	Village or City Por	NoSt.,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
,	Length of residence in city or town where death occurred_H5_yrs6	mosds. How long in U. S. If of foreign birth?yrsmosds.
	2. FULL NAME Samue Lusby Ho.	ischolder
	(a) Residence: No.	St., Ward. If conresident give city or town and State
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL	
-	Male white married	(Mogh) (Day) (Year)
200	Sa. If married, widowed, or divorced HUSBAND of DATE S. 74- B.	22. HEREBY CERTIFY, That I atlended deceased from
	HUSBAND OF alle E. Huklen	apr 8 1934 10 apr 10 1934
(6. DATE OF BIRTH (month, day, and year) Safet 29 18	1 last saw harm alive on Office 10 1934 death is said
	7. AGE Years Months Days If LESS tha	I D
	45 6 12 Iday,ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or parlicular kind of work done, as SPINNER, Registrary & SAWYER, BOOKKEEPER, etc.	(4/8/)
-	Andustry or business in which	or Herrifalgian 4/8/3
	work was dona, as SILK MILL, CARRELL SAW MILL, BANK, etc.	f
	10. Date deceased last worked at this occupation (bonth and year)	
	247	Olher Contributory Caases of importance:
	12. BIRTHPLACE (city or town). (State or country) Ralls Co. had	Trend Hypertendion 170
1	13. NAME & gelode House houle	les myocardial cluserfl. 1934
	14. BIRTHPLACE City or town) US. Va	Nama of operation Dala of
	(State of country)	What test confirmed diagnosis? Renalysis _ Was there an au'opsy? And
	15. MAIDEN NAME Laorgun V. Fust	23. If death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME Taorque Vi Fust-	Accident, suicide, or homicide?
	and the same	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	17. INFORMANT (Address) R. O. M. (wcg	Specify whether injury occurred in inbody it, in nome, or in robert reads.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Jonain Mark Dala 911-19., 19.	Nature of Injury
~	10 HUDGOTANED Was Ticknes & Server	24. Was disease or injury in any way related to occupation of deceased?
~	19. UNDERTAKER // / / / Cherry	
*	(Address) Roth & Return	If so, specify (Signed) All Arcumbangh M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	mple I 🗦 🕱		Example II	
The principal cause of death of importance were as follows	and related caus	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 2	970	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	A	921	Run over by street car	1 week ago
Cerebral hemorrhage	100	J 5015, 1927	Perilonitis	3 days ago
	4		A	
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones	- 1	May 1,1923	Gastroenteritis	1 year
	3 7			
	to _g	<u>'</u>		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

of OCCUPA-

Exact statement

1. PLACE OF DE	ATH		-	23	
County Balt:	imore			Registration Dist. No. 32 No. 10 Description Branch Mo. 32	
Village or City	Mt. Wilso	on, Md.			
Langth of racidence In	aity or town where de		2 (1)	f death occurred in a horpital or institution, give its NAME instead of street and is.	number)
				syrsyrsyrs	osas.
2. FULL NAME		s S. Ig		Appenolia Wa	
(a) Residence: No.	ar Ivia.	(Usual place	of abode)	St., Ward. Annapolis, Md. If nonresident give city or town and	State
PERSONAL A	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	PLEATER.
Male 4. COL	White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH April 4th (Month) (Dey)	, 193 4 • (Year)
5a. If married, widowed, or di HUSBAND of		T. T.			
(or) WIFE of	Sarai	n P. Igi	Lenart	January 9th, 1934 to April 4th,	
6. DATE OF BIRTH (month, d	av and warr NO	rember 9	9th, 1871	last sew h im alive on April 4th, 1934	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date steted above, at 5 · 30 A _m .	, 400411 10 0414
62	4	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trade, profession, or kind of work done	particular as SPINNER	Pa wm a m			Dats of onset
SAWYER, BOOKKI	EPER, etc.	Farmer		Pulmonary tuberculosis	1914
9. Industry or business work wes done, as SAW MILL, BANK	SILK MILL,	Farm			
10 0-4		11. Total ti	me (yeers) Un - t in this pation Known		
year)			pation Known	Other Cantributery Causes of importance:	
12. BIRTHPLACE (city or town	Davidso Maryla	onville			
(State or country)				Laryngeal tuberculosis	1916
	as S. Ig.		1.7 -	N	
14. BIRTHPLACE (city or (State or country)	(UWII)	idsonvil vland	Lie	Name of operation Date of	77 -
	Ella Wels			What test confirmed diagnosis? X-ray, and Was there an a LUDERCLE DACILL VELE TOUND IT. 23. If death was due to external causes (VIOLENCE) fill in also the following	u'opsy? NO
	Dou	idsonvi	٩١١		
16. BIRTHPLACE (city or (Stete or country		yland		Accident, suicide, or homicide? Dete of Injury Where did injury occur?	, 19
17. INFORMANT STA	ink So	aldina	1 .	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACF
(Address) M	t. Wilson	n, Md./	,		
18. BURIAL, CREMATION, OR		e al	11 00	Manner of Injury	
Place Census	grasin	CLDete.	16,1934	Nature of injury	
19. UNDERTAKER 102	ph 13	600	15	24. Was disease or injury In any way related to occupation of deceased?	0
(Address)//OO	3 11 100	2 060	2	If so, specify	
20. FILED yu 4	, 1934	1001	Me	(Signed) Mt. Wilson, Md.	M. D.
•			Atgmrat.	" (Audiess)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
I BURF				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

item of infor-

of OCCUPA-

Exact statement

properly classified.

þe

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
----------	-------	---------	-----------------	----	-------

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Osallinie	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredrsmos.	ds. How long In U.S. if of foreign birth?wrsmos,ds.
2. FULL NAME Charles Johns	on
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and yeer) 1850	I lest taw h and alive on alive 19 , 193 4; deeth is said
7. AGE Yeers Months Deys If LESS then	to have occurred on the date stated above, at _6_36m.
alur 84 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	artirio S clemen
industry or business in which	Interstitud nepholo
work was done, es SILK MILL, SAW MILL, BANK, etc	Chronic interstitial nophritis (Civery
this occupation (month and spant in this occupation occupation)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) 13. NAME	
	Neme of operation. NATVA Date of
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME WINCOWN	23. If deeth was due to externel ceuses (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CHANGE OF COMMENTS AND CANADA COMMENTS OF COMMENTS AND COMMENTS OF COMMENTS	Specify whether injury occurred in INDUSTRY, in HDME, er in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Piace Balto ba Almo Housbare april 12-, 19 24	Manner of injury Neture of injury
19. UNDERTAKER William & Brookest Son	24. Was disease or Injury in any way releted to occupation of deceased? If so, specify
20. FILED April 127, 1934 William John COTAL Registrar.	(Signed) 3 (Sentra M. D. (Address) Cress-Saulta Matt

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July5,1927	Perilonitis	3 days ago	
MAY 5 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

499	

Exact statement of OCCUPA-

1. PLACE OF DEATH County Count	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03592
Village or City! Published what was a service in a hopstal or institution, sive is NAME instead of street and number) Length of residence in dry or town what death occurred was a few to thought in U.S. If of foreign birth? 2. FULL NAME (a) Residence: No.	1. PLACE OF DEATH	93-d
Langth of residence in dry or town what death occurred yes most of the whole in a hopstal for institution, give int NAME instead stated and number? 2. FULL NAME (a) Residence: No.	County Tresteracy of on	Registration Dist. No. 33
Langth of residence in dr. gr town what death occurred yrs	Village or City Prilstertown VI	6 No. St., Ward
2. FULL NAME (a) Residence: No.	,	
(a) Residence: No. (Usualplace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR PACE 5. SINGLE, MARKIED, WIDOWED, OR DIVORCED Course that work on DIVORCED Course that work on DIVORCED Course that work of Corn Wife of Lancard V. (Month) 5. J. H. married, widowed, y diverced (orn Wife of Lancard V. (Month) 6. DATE OF BITH (month, day, and year) 7. ACE Vears Months Days H.LESS than or J. (Month) 7. ACE Vears Months Days H.LESS than or J. (Month) 8. DATE OF BITH (month, day, and year) 9. Industry or business in which shirt or business in which will be shirt or business in which shirt or business in which will be shirt or business in which will be shirt or business in which will be shirt or business in which shirt or business in which will be shirt	6 . 0 . 0 . 1 . 1	A A
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORED ("wink the word) OR DIVORED ("wink the w	2. FULL NAME PASSELLE I SELL	
PERSONAL AND STATISTICAL PARTICULARS J. SEX L. COLOR OR DACE S. SINCLE MARRIED, WIDOWED. OR DIVORCED Cornis the word) Sa. If married, widowed, y divorced (toy) hirls Sa. If married, widowed, y divorced (toy) hirls Sa. The FIRTH (month, day, and year) E. DATE OF BIRTH (month, day, and year) Days It It ESS than I day It It ESS than I day It It ESS than I day I have occurred on the date stated abova, at Sa. Sanker, Bookkeeper, etc. I house for exemption, or particular wind of work done as SPINNER SAW MILL, BANK, etc. Saw M. Color or town Saw Mill, BANK, etc. Saw M. Mill, B		
3. SEX Male 4. COLOR OR PACE 5. SINGLE, BARRIED, WIGOVED 6. DATE OF DEATH 1. Instrict, widowed, y divorced (co) WIEE 5. LATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF BIRTH (month, day, and year) MUV. 39 8. DATE OF DEATH 10 Late Geeseased of the date stated abova, at 30 10 Late Geeseased date with and related causes of Importance were as follows: DATE OF DEATH 10 Late Geeseased date with a day or minimum or min		
5. If married, widewed a divorced (co) wife produced (co) wife produce		7
5.5. It married, vidowed, a divorced HUSBAND of Centre of BIRTH (month, day, and year) MOV. 39 856 T. AGE Years Months Days ITLESS than 1 day	well white OR DIVORCED (write the word)	Maril B , 1984
6. DATE OF BIRTH (month, day, and year) NOV. 29 / 8560 7. ACE Years Months Days It LESS than 1 day	5a. If married, widowed or divorced	(Month) (Day) (Year)
7. AGE Years Months Days I ILESS than 1 day	(or) WIFE of Laura 1/100 up.	22. I HEREBY CERTIFY That I attended deceased from
7. AGE Years Months Days I ILESS than 1 day	21252 2 1221	5, 10 34 to 34 10 34
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Trade, profession, or particular kind of work done, as SPINNER. STATELY SAWTER, BONKEPER, etc. Substitution SAWTER, BONKEPER, etc. Substitution SAWTER, BONKEPER, etc. Substitution SAWTER, BONKEPER, etc. Substitution SAW MILL, BANK, etc. SAW MILL, BANK, etc. SAW MILL, BANK, etc. SAW MILL, BANK, etc. Substitution Sub		I last saw h
State or country		
Sind of work done, as SPINNER. SawYER, BOKKEPER, etc.	min.	were se follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	8. Trade, profession, or particular kind of work done, as SPINNER,	Dan f
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	SAWYER, BOOKKEEPER, etc	Myocardus
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	work was done, as SHLK MILL, SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	10. Date deceased last worked at 11. Total time (years)	
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)		
13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVED. 18. BURIAL, CREMATION, OR REMOVED. 19. UNDERTAKER 19. 4 19. 4 19. 4 19. 4 19. 4 19. 4 19. 4 19. 4 19. 4 19. 4 19. 5	12. BIRTHPLACE (city or town) Datto md	Other Coursbutory Causes of Importance:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMETION, OR REMOVED 18. BURIAL, CREMETION, OR REMOVED 19. UNDERTAKER 19. 19. 19. UNDERTAKER 19. 19. 19. 19. UNDERTAKER 19. 19. 19. 19. 19. UNDERTAKER 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		Hyperlension
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMETION, OR REMOVED 18. BURIAL, CREMETION, OR REMOVED 19. UNDERTAKER 19. 19. 19. UNDERTAKER 19. 19. 19. 19. UNDERTAKER 19. 19. 19. 19. 19. UNDERTAKER 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	13. NAME HOUN H. Keener	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMETION, OR REMOVED 18. BURIAL, CREMETION, OR REMOVED 19. UNDERTAKER 19. 19. 19. UNDERTAKER 19. 19. 19. 19. UNDERTAKER 19. 19. 19. 19. 19. UNDERTAKER 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	14. BIRTHPLACE (city or town) And the made	Name of operation
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) # 702 # ## ## ## ## ## ## ## ## ## ## ## ##	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) # 702 # ## ## ## ## ## ## ## ## ## ## ## ##	15. MAIDEN NAME USAN Holines	23. If death was due to external causes (VIOL ENCE) fill In also the following:
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) # 702 # ## ## ## ## ## ## ## ## ## ## ## ##	5 16. BIRTHPLACE (city or town) Datte, Md	Accident, suicide, or homicide? Oate of Injury, 19
17. INFORMANT (Address) 4702 + 44004	∑ (State or country)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVED Place Date 44, 1934 19. UNDERTAKER Registrar. Manner of Injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address)	17. INFORMANT MUS. Harry Mely	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Piace Principal Plate Principal Poste Poste Post Post Post Post Post Post Post Post		***************************************
19. UNDERTAKER Picker F Cereber 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER Picker F Cereber 24. Was disease or Injury in any way related to occupation of deceased? 15 so, specify (Signed) Amuse X Fally M. O. 16. Registrar. (Address) Results from M. O.	18. BURIAL, CREMATION, OR REMOVAL.	Manner of Injury
20. FILEO. apr. 13, 1934 25 Slate (Signed) (Signed) (Address) Registrar. (Address) Restation M. O.	PISCO LIBRORITO DE LA TESTA DEL TESTA DE LA TESTA DEL TESTA DE LA	Nature of injury
20. FILEO. apr. 13, 1934 Arn Slate (Signed) Ames X. Saffel M. O. Registrar. (Address) Restitution, Med.		24. Was diseasa or Injury in any way related to occupation of deceased?
20. FILEO. CADOTES, 19 f. Registrar. (Address) Persterstown, Mod	(Address) 1900 C. Mortuage	4 74 /1-1/2/
		Ba - tetali- he f

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BUDEAU V S.	<u></u>			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13593
1. PLACE OF DEATH	93.00
County Salfryor	Registration Dist. No.
Village or City Andleston	No Pully Hill & Ridge lot Ward
Length of residence In city or town where seeth occurred	death occurred in a hyppital or institution, give its NAME Instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Shilish Midney	Kennard.
(a) Residence: No. And Justing Paul	St., Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS 3.55% / 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male Mill OR DEVORCED (white the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorded HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 100.3,1932 to april 6, 1934
6. DATE OF BIRTH (month, day, and year) 28, 1868	I last saw h rom alive on March 10 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:00 Am. M.
66 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
Rind of work done, as SPINNER.	Date of onset
O SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Tohr, mysearditis to
work was done as SILK MIHTID	1 nr. 3
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or towole Combon C)	Other Coutributory Causes of Importance:
(State or country)	acute dilatation of heart
13. NAME Milita Sunnando 14. BIRTHPLACE (city or town) Lecumon No.	
14. BIRTHPLACE (city or town) we whoch	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Clum Cal Was there an au'opsy?
15. MAIDEN NAME (15. OTTOWN) (16. BIRTHPLACE (city or town) (16. State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
State or country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT HAS HAVE THE CONTROL OF THE CONTROL O	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL DUIL SA	Manner of injury
Place Off Maria Date 1 1924	Nature of injury
19. UNDERTAKER MULLIONA COSTO	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED 4/6 , 1934 a. M. Bason Registrar.	(Signed) Q. W. Bacow M. D. (Address) Parkerll Uld.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

11/300 mm

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Example I		Example II		
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Chronic interstition new iritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
100				

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

STATE	OF	MARYLAND-	-CERTIFIC	ATE	OF	DEATH
SIAIL	UL	MAKILAND	CERTIFICA	711	OI	DEATH

1.	0 .	Do	1.	0
- 17	. 5	1)	3	OF.
61	0	0	40	Y

1. PLACE OF DEATH	(J3)	- /
County 3 allienous	Registration Dist. No.	/
	No. St., death occurred in a horpital or institution, give its NAME instead of street and n ds. How long in U.S. If of foreign birth? yrs. mo	
2. FULL NAME Quesa & Rr	oi o er	
	St., Ward. Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Og >	, 193. 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mes doze Lessell	(Month) (Day) 22. I HEREBY CERTIFY, That I attended of april 2 may 1934, to april 7 th	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cardio-Vascular-Renal	Date of onset
year) occupation 12. BIRTHPLACE (city or town) Sallucium (State or country)	Other Contributory Canses of Importance: Acuta Gyelitas	Marcl,34
13. NAME RELIGION SPECIAL AND STREET	Name of operation Date of What test confirmed diagnosis? FL. Lital . E Was there an a	utopsyRsQ.
17. INFORMANT Letting Resident	Accident, suicide, or homicide? Date of Injury Where did Injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19 e)
18. BURIAL, CREMATION, OR REMOVAL Place CAR Kaum Date Con 1937	Manner of injury	
19. UNDERTAKER John Lellsuch (Addréss) 2008 Paleaus	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	A MD
20. FILED A. G. S.	(Address) Dundalky My 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

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nset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
	Titted of epotency	1 week ago
	Run over by street car	1 week ago
927	Peritonitis	3 days ago
	Other contributory causes of importance:	
923	Gastroenteritis	1 year
1	1923	

STATE OF MARYLAND- 1. PLACE OF DEATH	-CERTIFICATE OF DEATH
CountyBaltimore	Registration Dist. No. 3 K
, –	No. Sheppard and Enoch Pratt Hospital War (If death occurred in a hospital or institution, give its NAME instead of street and number) los. 4 ds. How long in U.S. If of foreign birth? yrs. mos. d
2. FULL NAME Valter La Plaur (a) Residence: No. 3>05 Wallrook Rreur (Usual place of abode)	Sallings If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writesthe word) White	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE-of Quelia Parge	22. Selet 36 10 30 in April 25 103
6. DATE OF BIRTH (month, day, and year) Sent 14, 1860	i last saw h la elive on april 29 ch 193 th; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 2/45 A.m.
7873 7 16 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Radio & Manual Annual Annu	P 1 about
kind of work done, as SPINNER, Toduce Me Alam SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Totel time (years)	Helya Halmarka e 1292
10. Date deceased last worked et this occupation (month and 9 20 spent in this occupation occupation	
12. BIRTHPLACE (city or town) Ballings Wed (Stete or country)	Other Contributory Causes of Importance: (Prebal Unloss Clarge Mul
13, NAME audrew La Pleur	
13. NAME Willew fa Heur 14. BIRTHPLACE (city or town) Ballings My (State or country)	Name of operation Date of
15. MAIDEN NAME Frances Pickett	Whet test confirmed diagnosis? Was there an autopsy? 23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ballurge and . (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Hospital records (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Seemound Date May 2, 193	Manner of injury
19. UNDERTAKER Wm. J. Fickerer flow (Address) north 7/2 line	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20. FILED TTTay 1, 1934 Wm P. Butler	(Signed) Arthur E. Pattrell

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-BUREAU V. S.	1 6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated ENACTLY. properly classified.

CAUSE OF DEATH in plain terms, so that it may be

ż

	STATE OF MARYLAND—		
	1. PLACE OF DEATH	(210-m)	2590
	County Baltimore	Registration Dist. No.	2000
		01100.	
/	Village or City Coventon	No. Thula Id., St., death occurred in a hospital or institution, give its NAME instead of street and n	- Ward
/		ds. How tong In U. S. if of foreign birth?mo	
/			
/	2. FULL NAME Hamilton Kank	ford	
1	(a) Residence: No. Almongton Le	Z.St., Ward.	e
	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Diale
	PERSONAL AND STATISTICAL PARTICULARS		
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	102 4
1	male Col. Jungle	(Month) (Day)	(Year)
	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended of	descend from
	(or) WIFE of		
0.	6. DATE OF BIRTH (month, day, and year) march 9 - 1908	I last saw h alive on 19	: death is said
ate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at / . S off.m.	
ific	7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
certificate		were as follows:	Date of onset
o jo	8. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	0-1.1.1	
	9. Industry or business in which	congruend fraction of	
back	work was done, as SILK MILL, SAW MILL, BANK, etc	spull t multiple	
on b	Date deceased last worked at 11. Total time (years)	abiseions	
	this occupation (month and spant in this occupation		
instructions	0	Other Contributory Causes of importance:	
icti	12. BIRTHPLACE (city or town) (State or country)		
tri			
ins	13. NAME Claved Smith		
See	14. BIRTHPLACE (city or town).	Name of operation Date of	
SO	(State of Country)	What test confirmed diagnosis?	utopsy?
nt.	15. MAIDEN NAME marther Lankford	23. If death was due to external causes (VIOL ENCE) fill in also the following	
important	15. MATDEN NAME Wasther Zanksford 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? accadent Date of injury 4	6/19.34
bol	E (State or country) Melaware	Where did injury occur? Chila. Rd. I mile ea	Fig King
Ë	man the Landon	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
very	(Address), 507 Rodman St. Thil Alel	Stuck by hit our autombi	le
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place 2nt. Olive, (Wilm Bate april 20, 195 &	Nature of injury	
TION	10 6 6 00		
TI	19. UNDERTAKER John B. Connelly	24. Was disease or injury in any way related to occupation of deceased?	
•	(Address) Error and.	If so, specify	A
	20. FILED 4 1 19 , 1934 John G. Cornelly	(Signed) Jacob Wallmany Corone	M. D.
a.	Registrat	(Address)VICETTTTTCSVA ULWWV	All Constitutions

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrat

Address) Stemmers Run Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis -	3 days ago
		25	
Other contributory causes of importance:		Other contributory cause of importance:	
Gallstones	May 1,1923	Gastroenteritis - 5	1 year
		<u> </u>	
		4 3	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03597
1. PLACE OF DEATH	(93-0)
County Dallemose	Registration Dist. No.
Village or City A parrows Sount	No. 219 F St. Ward
(If	death occurred in a borpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Marry D. Lellur	AN M
(a) Residence: No. 21 fg (Usual place of abode)	St, Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white married word)	(Month) (Oay) (Year)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of Laormall, Lectner	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 20 22 1881	I last saw h Slive on 19 : death is said
7. AGE Years Months Oeys If LESS than	to have occurred on the date steted ebove, et & m.
32 4 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Machanist SAWYER, BOOKKEPER, etc.	- for the state of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. 10 Oate deceased last worked et this occupation (month and this pocupation	acule Mayoestalla
work wes done, es SILK MILL, Bethetenen tell Lo	
O loate deceased last worked et this occupetion (month and spant in this	······
this occupation (month and yeer) spant in this accupation 25	
12. BIRTHPLACE (city or town) Paration Baltimers Co	Other Contributory Causes of Importance:
(State or country) maryland	
13. NAME Jacob Lectour	
14. BIRTHPLACE (city or town) Parseton	Name of operation Dete of
(State of Country)	What test confirmed diegnosis? Wes there en eu'opsy?
15. MAIDEN NAME Mollie Stiffler	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mollie Stiffler 16. BIRTHPLACE (city or town) Saesting	Accident, suicide, or homicide? Date of injury
State or country)	Where did injury occur?
17. INFORMANT MS Levens a Level (Address) 21 + St	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Parkwood lambate Upril 18, 1934	Nature of injury
19. UNDERTAKER olm & Derry	24. Wes disease or Injury In any way related to occupetion of deceased?
(Address) 715 Light St	If so, specify 1
20. Com. 17th, 1934 4. All forming in M. O.	(Signed) James N. M. Macrolas Corons
Registrar. If more blanks are needed, address State Resistrar.	Att N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of incortains:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA. 1. PLACE OF DEATH Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?. RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from PERM 田 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than Years Months Days The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset STores 8. Trade, profession, or particular 1830 OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SOCH MILL SAW MILL, BANK, etg. may back should 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?_ MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following DEATH in Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) (State or country Where did injury occur? should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE OF 5 (Address) -WRITE Manner of injury CAUSE mation Nature of injury TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If se, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltisfore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
A or	<u>(93-d)</u>
	Registration Dist. No.
Village or City Shawan	ND. St., Ward II death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Hester Sona	
(a) Residence: No. Cockensvelle 6,0	St., Ward.
Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the worth)	21. DATE OF DEATH
Se. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Some	22. I HEREBY CERTIFY, That Intended deceased from
	Jan 10, 1934, to april 20 1934
6. DATE OF BIRTH (month, day, end yeer)	I last saw h Che alive on April 20 , 1934; death is said
Deys IT LESS then	to heve occurred on the dete stated above, at 72 m.
30 5 24 1 dey,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	Date of onset
SAWYER, BDDKKEEPER, etc	Jacardita No124
	104.00
10. Dete deceased last worked at	
this occupation (month and year)	
2. BIRTHPLACE (city or town) Ballo Co., (State or country)	Other Contributory Canses of Importance:
, Ind	Hypertension
13. NAME Wellan Frank.	
14. BIRTHPLACE (city or town) Balto G	Neme of operation
(State or country)	MA-AA A G
15. MAIDEN NAME Rehecca - (not facouse	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
V. INFORMANT CALLS TO SAME	(8-11-11-11-11-11-11-11-11-11-11-11-11-11
(Address) . Coule	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cherture Kilya Dete apr 23, 1934	Neture of injury
UNDERTAKER W. C. B. S. S.	24. Was diseese or injury in any way related to occupation of deceased?
(Address) Sparles med.	if se, specify
FILED April 21. 1934 William Il bilesut	(Signed) Janua & Saffey M. D.
Registrat.	(Artdress) Photogram mo
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

PLACE OF DEATH

RLANLY, WINTEDING INK--THIS IS A PERMANENT RECORD WRITE

V. S. No. 1

	PLACE	OF DEATH				MARYLAND
	County	Baltimore	100001 0001 1001 000	(82-01)		E OF DEATH
					Registration	Dist. No. 38
Vi			(No. 27 Burke	Ave.	St.: Wat	d) (If death occurred in a hospital or institu- tion, give its NAME In stead of street and
	2FUL	L NAME	Sarah A.Mason		*************************************	number.)
	PERSON	AL AND STATIST	ICAL PARTICULARS	MEDIO	CAL CERTIFICATE	OF DEATH
	Female	4 COLOR OR RACE White	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	April IItl	
6	DATE OF BIRT		28th. I860	Let 1 HEREB	Y CERTIFY, That I a	Aul 1 h, 1934
7 /	AGE	(Month	[If LESS tha	and that death occu	irred on the date stnt	ed above, atm
	70	yrs. 3	inos. 14 ds. l day hr. or min.	?	TH * was as follows:	
8 ((a) Trade, pro	fession or H	ouse work	lul	alvenios	thogo.
C E	b) General na ousiness, or est	ture of industry			1	yrs. 2 mos // de
_	BIRTHPLACE (State or cour		to.Co.	Secondary	- salah	Jeneral mos 11 de
	father Charles Martin			(Signed) Daniel of Thos Jewison. M.		
ENTS	11 BIRTHPLA OF FATHE (State or	R TT	nknown	1	Disease Causing Deat state (1) Means of	ch, or, in deaths from Injury and (2) Whether
PARE	12 MAIDEN OF MOTH		Jane Cook		ESIDENCE (For Hos	pitals, Institutions, Trans
	13 BIRTHPL OF MOTH (State or C	ER TES	•	At place of deathyrs	stracted	tateyrsmesds
14		Joseph F.	of my knowledge	Former or usual residence	aih?	
	(Informant)	27 Bur	ke Ave. Towson l	Prospect	Hill Cem.	4/14/34, 19
		AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED				

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The materia -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tdanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Old Age, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock, Chronic affection need etc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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TION is

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	36,01
1. PLACE OF DEATH		23	0
County Baltimore		Registration Dist. No.	
Village or City Anneslie.		•	Ward
		No. 700 Murdock Road St., death occurred in a hospital or institution, give its NAME instead of street and ne	
Length of residence In city or town where deat	h occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmos.	ds.
2. FULL NAME EDNA E.	McLAUGHLIN	•	
(a) Residence: No. 700 Murdoc	k Road	St., Ward.	
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	late
	SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH	
	OR DIVORCED (write tha word)	April 2nd. 1934.	193
5a, If married, widowed, or divorced	Married	(Month) (Day)	(Year)
(or) WIFE of John C. McLaugh	hlin	22. HEREBY CERTIFY, That I ettended de	
6. DATE OF BIRTH (month, day, and year) Mare	ch 7th, 1893	1 last saw VE // alive on Cofy, 2 197 4:	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at 3 _ Alm.	
41	25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular		- D - D - D	Data of onset
= ONWIEN, DOOMNEET EN, BIG.	Home	Chronic Outmonery	
9 Industry or business in which work was dona, as SILK MILL,		11	1924
SAW MILL, BANK, etc	11. Total time (years)	In barculous	
O this occupation (month and year)	spent in this		
12. BIRTHPLACE (city or town) Baltimor (State or country)		Other Coutributory Causes of importance:	
13. NAME Conrad Grobe 14. BIRTHPLACE (city or town)		Name of operation Date of	
(State or country) Baltimor	e Md.	What test confirmed diagnosis? Curscal Was there an aut	tonsv?
15. MAIDEN NAME Ellen Dee		23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) Baltimo (State or country)	re Md.	Accident, suicide, or homicide? Data of injury	, 19
John C. McLaugh	lin	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E
(Addrass) 700 Murdock Roa	d Anneslie		
18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemeter	Wie April 4th. 1934	Mannar of injury	******
langh C	11 Hen/	24. Was disease or injury in any way related to occupation of deceased?	0
19. UNDERTAKER (Address), White	Rayal are	If so, specify	
20 FILEDCIPUL 3 194 Ho	PRIME.	(Signed) A W Whenton	M. D.
20. FILEDUJUL 3, 1934 Min	A Registrary	(Address) 4309 Lynk Rd	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11:—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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l.	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
•	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,4927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

N. BWRITE PLAINLY, WITH FADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
BWRITE	mation sh	CAUSE	TION is
z		1	F

	CERTIFICATE OF DEATH	3602
1. PLACE OF DEATH	(153)	
County Baltanor	Registration Dist. No. 30	
Village or City Catonsoll	No. Aprene Grass Kapping	Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and nustral death of the street and nustral death occurred in a horpital or institution, give its NAME instead of street and nustral death occurred in a horpital or institution, give its NAME instead of street and nustral death occurred in a horpital or institution, give its NAME instead of street and nustral death occurred in a horpital or institution, give its NAME instead of street and nustral death occurred in a horpital or institution, give its NAME instead of street and nustral death occurred in a horpital or institution, give its NAME instead of street and nustral death occurred in a horpital or institution, give its NAME instead of street and nustral death occurred in the street	mber)
2. FULL NAME Mand. Inile.	, , , , , , , , , , , , , , , , , , , ,	
	Cuet., Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 4
5a. If married, widowed, or divorced HUSBAND of		(Tear)
(or) WIFE of Frank Meller	22. Pelay 8 1934 to Clar 20	ceased from
6. DATE OF BIRTH (month, day, and year) Felin 2 5/190 /	Hast saw hem alive on apr 20, 1934;	
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at OPm.	death is said
33 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done as SPINNER		Date of onset
kind of work done, as SPINNER, Romann Sawyer, BDDKKEEPER, etc.	10	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Dementia Praecore	2mas
10. Date deceased last worked at this occupation (month and year) - 73-4 11. Total time (years) spant in this occupation / 0.4pc		
12. BIRTHPLACE (city or town) Balturon	Dther Contributary Causes of Importance:	
(State or country)	infector bediever	1200
II 13. NAME Um Jones		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis Current Dy hufstons there an au'c	psy? Ty
15. MAIDEN NAME May Mc mere	23. If death was due to external causes (VIOLENCE) fill in also the following:	0
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	., 19.
B- 1- 9 '00	Where did Injury occur? (Specify city or town, county and State)	~~~~
17. INFORMANT Music Miller (Address) 277 2 Close Can A Change	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Sacred Heart. Date Upril 24934	Nature of Injury	
19. UNDERTAKER Lilly & Jeiler Anc.	24. Was disease or injury In any way related to occupation of deceased? He	٥.,
(Address) 403/8.0 Washer 81	If so, specify	
20. FILED 7 1934 AT TO CHILDREN	(Signed) MOUN Correct	M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address) Catonoville In	-d

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY.

be properly classified.

of certificate.

TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

PIIYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	ę	1	63	9 8	3
1	F	U	U	U	U

1	. PLACE OF DEATH		92-0)	8
	County 2 alferra	-	Registration Dist. No.	0
	Village or City Jawso	~	NoSt.,	Ward
	Length of residence in city or town where death o		death occurred in a hospital or institution, give its NAME instead of street and n	
	EIII NAME HANGE	, mania	an e falle a college	
	(a) Residence: No.	Ra Road	St Ward.	
40000		(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.		INGLE, MARRIED, WIDOWED, R-DIVORCED (write the word)	21. DATE OF DEATH Joseph 3 ord (Month) (Day)	, 193 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Many M. A.	chaefer	22. I HEREBY CERTIFY, That I attended About 1933 to LANO 3	deceased from
-	DATE OF BIRTH (month, day, and year) That	ut If 1876	116	; death is said
7.	AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at	
_	and so	ormin,	word as follows: I know boses	Date of onest
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rney	Colorida Mornocco	43/32/
IPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Sudden alally.	
ប្ដ	10. Date deceased last worked at	11. Total time (years)	Chronic endocordities . Donation ! two y	ass.
0	this occupation (month and year)	spent in this occupation	Cuego	
12.	BIRTHPLACE (city or town) Dack (State or country)	mand	Other Contributory Causes of Importance: Cileva Aclerosio vidocordili Manager Canada de Character de Caracter de	,
ER	13. NAME Lawrence of	monios		
FATHER	14. BIRTHPLACE (city or town).	······	Name of operation	
~	15. MAIDEN NAME DECISA	De sholds	What test confirmed diagnosis? Was there an a	
MOTHER	16. BIRTHPLACE (city or town)	to my	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
	INFORMANT (Address)	Thoulas	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) AGE.
18.	BURIAL, CREMATION, OR REMOVAL Place Date Date D	te 4/6/32/19	Manner of injury	
19	UNDERTAKER & Jahren Gadress)	it day	24. Was disease or injury in any way related to occupation of deceased?	4.2
20.	FILED Of 4 , 1934 Mrs.	P. Britler Des Registrar.	(Signed) Daniel Yes Thoo James (Ardress) I amon mys.	M. D.
	If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

N. B.-WRITE PLAINLY, WITH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92.72)
County Baltemore	Registration Dist. No. 30
Village or City Caton sulle Spri	Me No. Towe State St., Ward fdeath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	s. 29 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Pannie C. Later	son ,
(a) Residence: No. 1420 13 Droady (Usual place of abode)	Ward. Salfand ive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 - SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of John 7. Paterson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sec 13 4/863	I last saw h. 2
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6.4.7.m.
10 2 20 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, atc.	Che Endocard to 3800
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this coccupation (most) and	
10. Date daceased last worked at this occupation (month and year) 1933 11. Total time (years) spant in this occupation 40%	
12. BIRTHPLACE (city or town) Balton of	Other Contributory Causes of importance:
	Denile Bychouse 3700
13. NAME John Plobinson 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Chrie Bayridge 16. BIRTHPLACE (city or town) Baltum on (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
17. INFORMANT Mrs Toldie Evans (Address) 1420 9. Broadway	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date ,19	Natura of injury
19. UNOERTAKER (Address /) 35 About Comments of the Comments	24. Was disease or injury in any way related to occupation of decaased?
20. FILEO 1/3 195 ty Planelies Registrar.	(Signad) Wolf C Janott M. O. (Address) Catomicalle Su'l
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	17	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
22710710001070010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

AGE should

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.—WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH

ı		6	0	A	9	1	1	ż		
4	ž	P	3	1)	ŧ	3	4)	

1. PLACE OF DEATH	(1-1)
County Bullimors	Registration Dist. No. 34
Village or City 6 Horeston	ND. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How iong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Planence & Per	os. Town long in 0.5.11 of tolergn until:
(a) Residence: No(Usual place of abode)	/ St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 08-DIVORCED (write the word)	21. DATE OF DEATH 4 16 193 4
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND OF Grack Photen Veryory	22. I HEREBY CERTIFY, That I attended deceased from 1934, to asked 16, 1934
6. DATE OF BIRTH (month, day, end year) Hely 13-18930	Hast saw him elive on afre 16. 1934; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 6 m.
7/ 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as indiows:
8. Trade, profession, or particular kind of work done, as SPINNER, Harried SAWYER, BDDKKEPER, etc.	Juflinga. Qu. 7-34
kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month end year) 11. Total time (yeers) spant in this occupation	
12. BIRTHPLACE (city or town) Thurstend (State or country)	Other Contributary Courses of importance
13. NAME Elijah Rengoy	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Suma J. Sough	What test confirmed diagnosis?
15. MAIDEN NAME Suma Joues 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mus Grace Perrguy (Address) Hamiltonian he	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury
Place 1/tuley M.A. Date 7	Nature of injury
19. UNDERTAKER Edw Of Istory (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 4-17 , 1934 B. E. Frombly Do 10	(Signed) Edgal M., Dusty. M.D.
Local Registrar.	(Address) // Daugstead INd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
.1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA
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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH of plnods County Registration Dist. No. Mundock Village or City of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence in city or town where death occurred. statement ____mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME RECORD. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DiVORCED (write the word) Marriad (Month) (Day) (Yeer) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dev hrs. 20 The PRINCIPAL CAUSE OF DEATH and related causes of Importance 64 or____min. Data of onsat 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. MachinisT 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc...... may 10 Date decessed last worked at Chica 11. Total time (years)
spent in this
occupation no this occupation (month and that instructions 12. BIRTHPLACE (city or town) (State or country) FATHER Weston 13. NAME 14. BIRTHPLACE (city or town (State or country) MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury_____ DEATH 16, BIRTHPLACE (city or town) (State or country) Where did injury occur?_____. should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. OF Murdoc (Address) 18. BURIAL, CREMATION, OR REMOKAL Manner of Injury CAUSE mation LION Nature of injury. 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Address) 4 D address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II ·	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1 1/180			

PHYSICIANS should state

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certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

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mation should be carefully supplied.

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Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH			
County 12 al Com		Registration Dist. No. 3	3
Village or City Or town when	/(1	NoSt., If death occurred in a hospital or institution, give its NAME instead of street and i sds. How long in U.S. if of foreign birth?yrsm	Ward
2. FULL NAME Is and (a) Residence: No.	. It, Asgran	St., Ward. If nonresident give city or town and	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Chil 15	, 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	at 13. Day	22. HEREBY CERTIFY, Thet i attended	, 19.35
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months 8	Deys If LESS then 1 day,	to have occurred on the dete steted above, at 1 705 m.	; death is seid
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Courses	Camboal Thewortegs	
10. Dete deceased lest worked et this occupation (month end yeer)	11. Total time (veers)	Other Coutributory Couses of Importance:	
12. BIRTHPLACE (city or town) Str		-	• [
13. NAME Coscleam 14. BIRTHPLACE (city or town) (State or country)	Layres	Neme of operetion Date of Whet test confirmed diagnosis? Wes there en a	
Ī	It amblower as a Compbell wills will	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	, 19
18. BURIAL, CREMATION, OR REMOVAL Place the tricks to		Manner of injury	
19. UNDERTAKER of sarry U (Address) Applicative 20. FILED Capril 15, 19.34	Ce Dud Of busheser Registrar.	24. Wes disease or injury in any wey related to occupetion of decessed? If so, specify (Signed) At. M. Sladu (Address) Pers Laro Laron Zead	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of infor-

TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH County Baltimare Village or City Leitlerville	Registration Dist. No. No. Burton avel. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. If of foreign birth? yrs. mos. ds. How If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Stillbaru - Afril 18 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Well 18, 34.	I last saw h alive on, 19; death is said
7. ACE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Stillfare:
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Authority (State or country) 13. NAME Charles to School Country	
13. NAME Charles f - Schull 14. BIRTHPLACE (city or town) Edgement (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Chief & faurly 16. BIRTHPLACE (city or town) feureservill (State or country) faurg.	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?
17. INFORMANT Chas & Solull (Address) Latharnell:	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sieusburg and Date afiel 19, 1982	Manner of injury
19. LINDERTAKER Charles Lebelle (Failur) (Address) Lufgerift	24. Was disease or injury In any way related to occupation of deceased?
20 FILEO april 15, 1984 M. P. Butter	(Signed) M. D.

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) - au su

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
100 (20 At V. 2)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis •	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

CONTRACT TO THE PROPERTY OF TH	BWRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	structions on back of certificate.
	BWRITE PLAINLY, WITH ONFADING INK	mation should be carefully supplied. AGE she	CAUSE OF DEATH in plain terms, so that it	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	13610
1. PLACE OF DEATH	(12)	
County Balto.	Registration Dist. No.	5
Village or City Rig Gunponder	No.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and node. ds. How long in U.S. if of forsign birth?	umber)
7. 0 1 1	yrsmos	i
2. FULL NAME Mary C. Schully		
(a) Residence: No. / Forge Residence: No. / Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH abril 10 (Month) (Day)	193.4 (Year)
5a. If married, widowed, or divorced HUSBAND of Cory WIFE of Lervis & chulk	22. I HEREBY CERTIFY, Thet I attended d	
6. DATE OF BIRTH (month, day, and year) Loca. 13-1874	I last saw h alive on	death is said
7. AGE Years Months Deys If LESS than	to have occurred on the data stated abova, at 3 Qu, _m,	, 555411 15 5515
59 3 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	-
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. home	acute nephritis	Pate of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Bastimon Co	Other Contributory Causes of Importance:	k
	JUST Mill disolad most	
14. BIRTHPLACE (city or town) Baltimore Co.	Name of operation	
(State of country)	What test confirmed diagnosis? Was there en au	ltopsy?
15. MAIDEN NAME Cornelia allender	23. If daath wes due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Cornelia allender 16. BIRTHPLACE (city or town) Baltismore Co. (State or country) Md	Accident, suicide, or homicide? Data of Injury Whare did injury occur?	
17. INFORMANT Larvis & chulls. (Address) Big Kunkowder Md.	(Specify city or town, county and State; Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	CE.
18. BURIAL, CREMETION, OR REMOVAL Place Fred Cernetes Data april 12, 1934	Menner of Injury	
19. UNDERTAKER Deorge W. Sinkar (Address) 1737 E. Edgu or	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 4/10, 19 William Amment T. Registrar.	(Signed) Halles My Ammus (Address) Baller	/M. D.
	N. C. J. C. D. J. D. J. D. J.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes. The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago PUREATI Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

Dr. Vollenick

STATE OF MARYLAND—CERTIFICATE OF DEATH

03611

I I LAGE	OI DEATH			
County	Baltimore Co	unty		Registration Dist. No. 4/
Village of	r City Dundalk			No. 7008 Belclar Road St Warr
			(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of (residence in city or town where	death occurred	yrs,mos	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL N	AME Michael	J. Schu	ltz	
(a) Resid	lence: No. 7008 Be	lclar R	oad	St Ward.
		(Usual place		If nonresident give city or town and State
	DNAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	S. SINGLE, MAI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH
Male	White	Marri		April 30, 193 4 (Month) (Day) (Yeer)
5a. If married, wid HUSBAND of	lowed, or divorced			
(or) WIFE of	France	s Schul	tz	22. I HEREBY CERTIFY That I attended deceased from
CHICATOR			3.004	March , 19 34 to 40 19 30, 19 34
	H (month, day, and year) A		1	I last saw h_/M alive on
		Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3.3.4 m.
	40	28	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
N kind o	ofession, or particular of work done, as SPINNER, C ER, BOOKKEEPER, etc	ar Inan	ector	J. J
SAWY Industry	ER, BOOKKEEPER, etc	01 11100	00002	quelle myocardino
o work	was done, as SILK MILL, BANK, etc.	ethlem	Steel Co.	and aneworth of arta
10. Date dece	eased last worked at	11. Total t	ime (years) nt In this	
- 1600	ccupation (month and	spe occ	nt In this upation	
to pinyuni tor	Bal	timore		Other Contributary Causes of Importance:
12. BIRTHPLACE (State or c	(CILY OI LOWII)	vland		
≥ 13. NAME	Peter Sch	ultz		Symus
Ξ				
Y 14. BIRTHPLA	CE (city or town) Germ	anv		Name of operation Date of Date of Wassing a Wa
1	NAME Martha Sc		n	was there an auropsy/
15. MAIDEN	WANTE MICH OTHER DO	111101 020		23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLA	or country) Germ	9 n 1r		Accident, suicide, or homicide? Date of injury, 19
			_	Where did Injury occur? (Specify city or town, county and State)
	Mrs. Frances		Z	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	7008 Belclar ATION, OR REMOVAL	Road		
Place O	ak Lawn	Dete May	3, 1934	Manner of Injury
	DER & SON, A	NC. A	1	Nature of Injury
19 HADEDTAKED	Broadway & E	SO THE WAY	Haville	24. Was disease or Injury In any wey related to occupation of deceased?
(Addiess)	1 / Dauway & I	a I of I find I	0 000	If so, specify
20. FILED.	1/2019	MOA	1-1-1-2 mm	(Signed)
	1-4	, - 4 w	Kegistrar.	
20. FILED.	If more	blanks are needed,	ddress State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	and a	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		8	

	0.0	4	

. 1	mati CAI	
S. No.	B	
>	Z	

1.	PLACE OF DEATH	82-20
/	County Balling	Registration Dist. No.
	Village or City Juyan	NDSt.,
		ds. How long in U.S. If of foreign birth?yrsmos
2	FULL NAME John Scow	
-		St., Ward.
	(Ustal place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	4. COI.OR OR RACE S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH abre 30
Ea	Cuttation	(Nonth) (Day) (Ye
3a, I	If marked, widowed, or divorced HUSBAND of (or) WIFE of Ella W S Colt	22. I HEREBY CERTIFY, That I attended deceases
e n	DATE OF BIRTH (month, day, and year) about 1860	Hast saw h mulive on afre 28, 19 & 4 death
7. A	ATE OF BIRTH (month, day, and year)	to have occurred on the dete stated above, a
	74 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
CUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	ahrhlexy
PA	9. Addustry or business In which work wes done, as SILK MILL,	
3	SAW MILL, BANK, etc	Harmhage / Usram
ō	this occupation (month and spent in this occupation occupation	1 · · · · · · · · · · · · · · · · · · ·
12.	BIRTHPLACE (city or town) (State or country)	Dither Coutributory Causes of importance:
œ	13. NAME	
THER		Name of a continue Move Bate of
FA	14. BIRTHPLACE (city or town) (State or country)	Neme of operation
HER	15. MAIDEN NAME	23. If death wes due to external causes (VIOLENCE) fill in also the following:
E	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
MOT	(State or country)	Where did injury occur?
17.	INFORMANT Olms Home Record	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury M one
	Place Wrightsville Pa. Dote May) 1934	Nature of injury
19.	UNDERTAKER Edw Cityweilen & Son	24. Was disease or injury in any way related to occupation of deceased?
-	FILED April 301934 William I bhiles	If so, specify (Signed) B R Bernet

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
MAY 5 WAY					
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

V. S. No. 1

See instructions on back of certificate.

TION is very important.

STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	03613
1. PLACE OF DEATH			(30)	1/
County Baltimore			Registration Dist. No. 3	1
Village or City Towson			No. 301 Chesapeake 'Ave. st.	Ward
Length of residence In city or town where de	eeth occurred	O yrsmos	f death occurred in a hospital or institution, give its NAME instead of street an s	d number)
2. FULL NAME CORA V.				
(a) Residence: No. 301 Ches	apeake (Usual place		St., Ward.	
PERSONAL AND STATISTIC			If nonresident give city or town a	
· ·	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	1934
5a. If married, widowed, or divorced		, a	(Month) (Day)	(Year)
(or) WIFE of William F. S	eim		22. HEREBY CERTIFY, That I attended	d deceased from
			Jan 17 , 1933 , 10 april 26	19.34
6. DATE OF BIRTH (month, day, and year) May			1 last saw h. 4 aliva on april 126 , 1934	-; death Is said
7. AGE Years Months 77 11	Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.20 f.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
* * * * * * * * * * * * * * * * * * * *		ormin.	ware es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ne		arturo Eclaroses	- Interior
9. Industry or business in which	442/		way co sca jours	1924
work was done, es SILK MILL, SAW MILL, BANK, etc			Chance interstitation	
- time accupation (month and	11. Total ti	ime (years) ntin this	Photos	1930
year)	0011	ipation	Other Cuntributory Causes of importance;	
12. BIRTHPLACE (city or town)				
(State or country) Maryla			myocorates	6 mo
H 13. NAME William H. Ga:	skins			
4 14. BIRTHPLACE (city or town)	laware		Name of operation Oate of	
~	Tawar.e		What test confirmed diagnosis? Clauses Was there as	n autopsy? 40
T .			23. If death was due to external causes (VIDLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country) Maryl	and		Accident, suicide, or homicide?Oate of injury	, 19
			Where did injury occur?(Specify city or town, county and S	late)
17. INFORMANT Mary E. Differ (Address) Wynnewood Pa		. T.	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC F	LACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Loudon Park C	em. Apri	1 28 19 34	Nature of injury	
19. UNOERTAKER John Alto	Pilos So	Sons, Inc	24. Was disease or injury In any wey related to occupation of deceased?	
20. FILED afreil 28, 1094 //2	P. Cul	the	(Signed) Rel 9 July 1403 Park a	M. D.
		Def Registrar.	(Address) V1403 Park a	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes	Date of onest
	of importance were as follows:	Date of oligat
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 weck ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF	MARYL	AND-CE	RTIFICATE	OF DEATH
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17	13	1)	Ш	E

1. PLACE OF DEATH	Fig. 1
County Salto	Registration Dist. No. 35
Village or City Parklan (P. 8)	NoSt.,Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Parktan un RDJ (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wort)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Ellew Sleaffer.	22. HEREBY CERTIFY, That I attended deceased from 1933, to april 18, 1934
6. DATE OF BIRTH (month, day, and year) 12 1856 7. AGE Yeers Month Oeys If LESS than 1 day,hr	I HE I KINCH AL CAUSE OF DEATH and related causes of Hilbortaine
8 Trade, profession, or perticular kind of work done, as SPI NNER, Balvorev' SAWYER, BOOKKEEPER, etc.	were as follows: Oate of one of 19 33
9. Industry or business in which work was done, as SILK MILL State Road/ SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month and) spent in this	General Conce
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Interstitual
13. NAME Darch Muon	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diegnosis? John Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT I Steeling Shaffer (Address) Carleton with R.B.	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Regular, CREMATION, OF REMOVAL Med Date Ceful 28, 193	Manner of injury
19. UNDERTAKEN Sacel H. Tranleystary	24. Was diseese or injury in any way related to occupation of deceased?
(Address) Keuntmellow Pa	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	[[Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		103		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA. IS A PERMANENT RECORD, Every item of inforstated EXACTLY. properly classified. certificate. mation should be carefully supplied. AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may TION is very important. -WRITE PLAINLY

FOR BINDING

ARGIN RESERVED

V. S. No. 1

	1. PLACE OF DEATH			(25)	
	County Baltimore		*********	Registration Dist. No. 32	
Village or City Mt. Wilson				NoTuberculosis Sanatorium St.,	Ward
	Langth of rasidence In city or town who	ere daath occurred	O yrs. 9 mo	f death occurred in a horpital or institution, give its NAME instead of street and r s. 14 ds. How long In U.S. if of foraign birth?	number)
1		b Skeberd			
	(a) Residence: No. 2699	Wilkens (Usual place		St., Ward. Baltimore, Md. If nonresident give city or town and	State
	PERSONAL AND STATIS	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
-	Male 4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) 'Tied	21. DATE OF DEATH April 25th,	, 193 4 • (Year)
5a	a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Kather	ine Skebe	rdis	July 11th, 1933 to April 25th	deceased from
6.	DATE OF BIRTH (month, day, and year)	March 26t	h. 1889	Hast saw him alive on April 25th, 1934	daath le said
	AGE Years Months 45 0	Days 30	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11 • 00 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
N	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Blacksm	ith		Date of onset
OCCUPATION	SAWYER, BOOKKEEPER, atc			Pulmonary tuberculosis	1924
UP.	work was dona, as SILK MILL, SAW MILL, BANK, etc	Automobi repair s	hop.		
000	10. Date decaased last worked at this occupation (month and yaar)	931 11. Total ti	ima (yaars) 12 nt in this yrs.		~~~~~~
12		nown nuania		Other Contributory Canses of Importance: -Tuberculosis of the Liver	Decem-
ER	13. NAME Jacob Ske	berdis			1933.
FATHER	14. BIRTHPLACE (city or town) Unki	nown nuania		Name of operation No operation What tast confirmed diagnosis? X-ray and was there an au	No.
ER	15. MAIDEN NAME Doro	thy Jasp	ar	What tast confirmed diagnosis? We store an au UDETCLE DECTION OF THE COUNTY OF THE COU	
MOTHER	16. BIRTHPLACE (city or town) Unki	nown nuania		Accidant, suicida, or homicide? Date of Injury Whare did Injury occur?	
17	INFORMANT Jario R. Mt.	fuerholy Wilson,	Md.	(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18	BURIAL, CREMATION, OR REMOVAL Place Western Came	tery Date 4/2	8/34,19	Mannar of Injury	
19	UNDERTAKER Bhas B. 71 (Addiasa) 637 South	uchausk	as Belle W	24. Was disaase or injury in any way related to occupation of deceased.	0
20	. FILED Jul 26, 1934.	roen	MC Registrar.	(Signed) A Line C. Studdle (Address) Mt. Wilson, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V	. 4.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1		state	
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	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very see instructions on back of certificate.	
MARY N RESERVED FOR BINDING	MANENT	EXACTLY.	
	A PER	stated d. Exac	
n ~	IS	ld be	
FOF	THIS	E shou	4
	NK	Prop	
7 1	DING	may be	
T L	UNFA	of Information should be carefully sur DEATH in plain terms, so that it makes	
7	WITH	ld be a	
4	LY. 1	shou in ter	
Σ	LAIN	mation in pla	
	FP	Infor:	
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CAUSE OF I

1 PLACE	OF	DEAT
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County Gallinne

43616 STATE OF MARYLAND CERTIFICATE OF DEATH

St.;....Ward)

	•	
Registration	Dist.	No. 42

	Reco		Art	ngton	
illage or City		(No.			

[If death occurred in a hospital or Institution, give its NAME instead

FULL NAME Ather Thomas	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
asex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month (Day (Year)
FAGE Comparison of the first	that I last saw h man allve on the date stated above, at man the CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Chronic Nefitate = Lyperter Sim (Duration) 74 yrs mos ds. Contributory Vrac mi = Convers mi
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. **BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
(State or country) V/Cryscard 14 THE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE (Informant) Careries Smith (Address) Address Marketing	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or USUAL TEST BUSTAL OR REMOVAL DATE OF BUSTAL 194 194 194 194 195 195 195 195

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Flanklin St., Balto., Requesting V. S. No. 1.

(131)

are.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vromia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mis," "Old Age," "Shock," "Uraemia," "Weakbess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered is detail, it will prevent further correspondence. All the corresponding must be obtained before the certained is permanently filed.



mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

7. PHYSICIANS should state Exact statement of OCCUPA.

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STATE OF MARYLAND—CERTIFICATE OF DEATH OF DEATH 93-0 Recitation States

1. PLACE OF DEATH	03011
County of aftimose	Registration Dist. No.
Village or City & das Mere	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
son Diag - Di	yis. How long in 0, 5.11 of foleign bittiryis
2. FULL NAME CHARLES OF LINCOLS	A. W4
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Charles 30 4 (Year)
5a. If married, widowed, or divorced HU3BANO of	
(or) WIFE of Condrew & pences	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw her alive on affine 300 , 1934; death is seld
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
40 2 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.	artensolesas Date of onset
9. Industry or business in which work was done, as SILK MILL,	
S. Hade professing, or particular to the profession of the profess	
11 . 1 1	Other Coatributory Causes of Importance:
12. BIRTIIPLACE (city or town) Changlowa, (State or country)	Mysocur delisichronic
13. NAME Lyond Lo. Burns.	Division: two gears, Cago
14. BIRTHPLACE (city or town) Maryland,	Name of operation Date of
(State of Country)	Whet test confirmed diegnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town) Many and	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Mary and	Accident, suicide, or homicide?
(State or country) Ballale 0.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT G. devard To. Splecer. (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CONTROL STATES	Manner of injury
Place Oate Oate 3 7994	Nature of Injury
19. UNDERTAKER John Jaumo Jons	24. Was disease or Injury in any way related to occupation of deceased?
(Addiess) forwary Md,	If so, specify Regional Comments of State of Specific State of Specific Spe
20. FILED St. 1934 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Address) Shun Fund

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

See instructions on back of certificate.

TION is very important.

B.-WRITE

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PHYSICIANS should state statement of OCCUPA.

Exact

STATE OF MARYLAND-CERTIFICATE OF DEATH

4	1	18	48	
U	5	6	1	1

1	. PLACE OF D	EATH				- (93 L)			
	County_ Bal	timore			LIESZA Z		Registration Di	ist. No. 3	~
	Village or City	Pikesvill	0		No. 7	Church	Lane	St.,	Ward
	Length of residence	in city or town where	deeth occurred	Vrs mos	f death occurred in	a hospital or insti ow long in U.S. it	Lane itution, give its NAME i f of foreign birth?	instead of street and i	number)
								3,101	00.
	2. FULL NAME			0	01	Attend			
	(a) Residence: N	o. 7 Chu:	(Usual place	of abode)	St.,	Ward.	If nonresident gi	ve city or town and	I State
	PERSONAL	AND STATIST	ICAL PART	ICULARS		MEDICAL	CERTIFICATE	OF DEATH	
3.	SEX 4. C	OLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE	OF DEATH	3 rd		11
F	emale W	nite	6 -	rich	137	Tyru	(Month)	(Day)	, 193 7 (Yeer)
5a.	If married, widowed, or HUSBAND of	divorced			22.	HEREB	YCERTIFY	That I attended	deceased from
_	(or) WIFF of	H. Stallo			Feb	28th	., 1933 to A		19.3
6.	DATE OF BIRTH (month	day, end veer) A	oril.II I	856	I last sew h	2 elive on	1 -0 - 00	, 19_3 #	; death is said
Charles	AGE Years	Months	Deys	If LESS than	to heve occurre	ed on the date ste	eted ebove, et .//:35	P.m.	
	78	II	2	1 day,hrs.	The PRINCIPA	L CAUSE OF DE	ATH and related causes	of importence	Date of onset
Z	8. Trede, profession, a	8. Trede, profession, or particular kind of work done, as SPINNER, HOLSOWORK SAWYER, BOOKKEEPER, etc. HOLSOWORK			/	Lyperke	us con		- Pate of onset
TIC	SAWYER, BOOM 9. Industry or busine		ousework.		100	AV	,,		
JP/	work wes done	, es SILK MILL, NK, etc			Chras	uce 11	gocardial	Failure	Feb 1933
OCCUPATION	Date deceesed lest	worked at		time (years)					
	this occupation year)			nt in this upetion					
12	BIRTHPLACE (city or to	own) Baltim	ore		Other Contribu	atory Causes of im	Vous		
_	(Stete or country)		ryland						
TER	13. NAME W111	iam Mever							
FATHER	14. BIRTHPLACE (city		imore	B	Neme of opere	tion	ane	Date of	
-	(State or count		Maryland		Whet test confi	irmed diagnosis?_	llucar	Was there en a	autopsy? Na
MOTHER	15. MAIDEN NAME	Helen Vor					auses (VIOL ENCE) fill I		
MOI	16. BIRTHPLACE (city (State or count	er town) Balt:	imore,		-		De	te of injury	, 19
-			aryland			iry occur?	(Specify city or to	wn, county and Stat	te)
17.	(Address)	7 Church	Tana		Specify whether	er injury occurred	in INDUSTRY, in HOM	E, or in PUBLIC PL	ACE.
18	BURIAL, CREMATION,	OR REMOVAL			Manner of inju	iry .			
	Piece Draid R	lidge Cemet	erute Apr	1.6 ,1934					
10	UNDERTAKER FY	auscot To	eurel				way related to occupati		44
13	(Address) IIO	O Reisters	town Rd	->.	If so, specify			-A	()
20	FILE Marie 4	1934	1100	Me	(Signed)_	Kan	rega my	ler m	M. D.
1		,		Registrar.	(A	ddress)	ikesville.	med	

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WIREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MEDICAL	CERTIFICATE	OF	DEATH	
05 554				

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Date of enset

Was there an au'opsy?_

Where did injury occur?

Registrar.

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of Injury

Natura of injury.

If so, specify

State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

DEATH OF WRITE CAUSE NOIL

(State or country

18. BURIAL, CREMATION, OR REMOVAL

(Addrass)

20. FILED ...

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic intersection apphritish	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Date of hirth added on authorngation of mises

PHYSICIANS should state

stated EXACTLY. properly classified.

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See instructions on back

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WITH

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

11	. "	10	1)	11	
U	3	()	1	U	

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 9 38
Village or City EUDOWOOD SANATORIUM TOWSON	
Ciff Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) 2.7 ds. How long in U.S. if of foreign birth?yrs
0 + +	Town long in 0.5.11 of foreign bitting
2. FULL NAME Grace Stewart	P-Ot
(a) Residence: No. // W D dugty Road (Usual place of abode)	St., Ward. Determine State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrol Hart S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Abrite the word)	21. DATE OF DEATH (Month) (Day) (Var)
Sa. If matriad, widowad, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended decasas from
6. DATE OF BIRTH (month, day, end year) February 7, 1884	I last saw here aliva on Caparal 24, 1934; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at /1:20 Am.
50 2 17 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:
8. Trada, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, Dusswales. SAWYER, BOOKKEEPER, etc. Industry or business in which	Pulmman Juberenlosis September
work was done, as SILK MilL, Our Business	1924
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and large) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Kent County	Other Contributory Causes of Importanca:
(State or country)	
13. NAME James Stiwart	
14. BIRTHPLOT (city or town) Lent County	Name of operation
(Stata of country)	What test confirmed diagnosis? Was there an autopsy? [[]
I 15. MAIDEN NAME CHURCH Frode	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ENGLY From 16. BIRTHPLACE (city or town) Kend Cleruly (State or country)	Accidant, suicide, or homicide? Date of injury, 19
(State of County)	Whara did injury occur? (Specify city or town, county and State)
Hospital RecordsPersonal History LINFORMANT Eudomand Sanatorium, Towson, Md.	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, PR. REMOVAL	Menner of injury
Piace Wordlam Jon Date Opr. 26, 19.34	Nature of injury
19. UNDERTAKER July 10 0 3 M. 18 also	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDAPOR. 24.19.24 Ofon P. Bulli	(Signed) Na Bridge M. D.
20. FILEBOOK Registrar.	(Addrass) Towson, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAS				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

of OCCUPAS

Exact statement

STATE OF N	ARYLAND-	CERTIFICATE OF DEATH	5621
1. PLACE OF DEATH		(85)	
County Ballinne		Registration Dist. No.3 2	
Village or City January	Y3	NOSt., If death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where deeth occ			
2. FULL NAME millies	harrie &	Juliyan	
(a) Residence: No.), Local Market	St Ward.	
(a) headence. Ho.	sual place of abode)	If nonresident give city or town and St	ite
PERSONAL AND STATISTICAL	PARTICULARS A	INZBIGAZ GZRANIGATZ GI BZATII	
3. SEX 4. COLOR OR RACE OR OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	93 4 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attended dec	ceesed from
6 DATE OF BIRTH (month day and year) Fel	2.1904	I lest saw h. e. elive on april 25, 1984;	.,
o. DATE OF BIRTH (Month, day, and year)	Deys If LESS then	to heve occurred on the date stated above, at _ 4 A _ m.	13 3416
30 2 2	2.5 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related couses of importance	
8. Trede, profession, or perticular	1 01	En lypoy	1904
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		-	
9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.			
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	•	Other Contributory Causes of Importance:	
A .	Il Sullivan		
13. NAME June June Sullivan 14. BIRTHPLACE (city or town) (Stete or country)		Neme of operation	new? ho
15. MAIDEN NAME Sally Many	Burntan	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	payrantara
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide?	
17. INFORMANT han J. L. Sullins (Address)	` <u>`</u>	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR PEMOVAL Place Sint Laye Date 4/29 1934		Menner of injury	
19. UNDERTAKER Trank & De (Address) pikinelle 19.	urel.	24. Was disease or Injury in any wey releted to occupation of deceased?	ho
20. FILED Copies 28, 19 34 MG	@Myse	(Signed) Calma of William	M. D.

Registrar.

(Address)

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonilis	3 days ago
May 1.1928	Other contributory causes of importance:	1 year
		1 your
	1915 1921	of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PHYSICIAMS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1		1.	1	P	5 0	0
ŧ]	0	E)	4	2

1. PLACE OF DEATH	2	92
County /2al	limore	Registration Dist. No. 37
Village or City Lee	utou	ND. St Ward
Length of residence in city or t		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME R	2- 10 Cana	ds
(a) Residence: Np.	nes a jawa	Co. Ward
(a) Residence. ND	(Usual place of abode)	USt., Ward. If nonresident give city or town and State
	TATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR When	TE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If messied, widowed, or divorced HUSDAND of Cor. WIFE of Care de Cor.	en Tawney	22. I HEREBY CERTIFY. That I attended deceased from 1934, to Charlet 4, 1934
6. DATE OF BIRTH (month, day, and 7. AGE Years	Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particul kind of work done, as SP SAWYER, BOOKKEPER, 6 9. Industry or business in which work was done, as SILK R SAW MILL, BANK, etc 10. Data deceased last worked a this occupation (month an	th 11. Total time (years) spent in this	Leucial atterio Salerosia 201
12. BIRTHPLACE (city or town) (Stata or country)	Naugland	Other Contributary Causes of importance: (Istherma Ged sorts etc.)
14. BIRTHPLACE (city or town) (State or country)	Whown	Name of operation Data of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	ukuoun	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MAD WAY	luckiown	Accident, suicida, or homicide?
(Address) Upp	uco mol	
18. BURIAL, CREMATION/OR REMOV	Ind Date april 6, 1934	Mannar of Injury
19. UNOERTAKER Solul (Address) Varia	Of iplo-	24. Was disease or Injury in any way ralated to occupation of deceased?
20. FILED 4-5- , 1939	6. 6 Fouth M. 40	(Signed) Cyref to Fronth M.D. (Address Lepperco Md.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	de de la companya de	Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	1 9	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DODEAU V. S.	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Exact statement of QCCUPA-PHYSICINENS should

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.

STATE OF MARYLAND-	-CERTIFICAT	E OF DEATH	, 000%,
County Beelinger	(131)	Registration Dist. No. 37	7 -
	No.	St.	Ward
Village or City Lex as		institution, give its NAME instead of street and	
Length of residence in city or town where death occurredyrs,n	nos ds. How long in U	S, if of foreign birth?yrsn	mosds.
2. FULL NAME Mills am	Srosell		
(a) Residence: No. Tuy as	St., Ward.		3
(Usualplace of abode)		If nonresident give city or town an	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEA	TH office 27	193.3.4 (Year)4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		EBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year) March 5 186	5 I last saw have alive		4; death is sald
7. AGE Years Months Days If LESS than		- Almo	
19 1 22 1 day,h	The PRINCIPAL CAUSE Of were as follows:	F DEATH and related causes of Importance	Oate of onset
8 Trade profession or particular			Oglevionati
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arleisa	Sclerns	540
9. Industry or business in which work was dona, as SILK MILL,	loulus	The nethelis	5 byr
SAW MILL, BANK, etc.		1	6-1
	4ND UDWW	eluly	13 de
year) occupation 7-0	Other Contributory Causes	of Importanca:	
12. BIRTHPLACE (city or town) (State or country)			
13. NAME Phili Tropiell			
Ε /	Name of operation	A DVI Data of	
I4. BIRTHPLACE (city or town) (State or country)		osis? Was there an	n autonsv?
2 10 - 40		rnal causas (VIOLENCE) fill in also tha followi	
E Co. 1		ida? Date of Injury	
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?	ius:	, 40
17. INFORMANT Mysini A Synthe (Address) 62 (27) Lucy Shing and		(Specify city or town, county and St urred In INDUSTRY, In HOME, or In PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	one	
Place Is asite ma Date Ohne 290, 19	o 14	Y	
19. UNDERTAKER WC Brooks & Son	24. Was disease or injury in	any way related to occupation of deceased?	
(Address) Anna (IVI	If so, specify	12 Ademan	À
April 27 1934 William J.Chilcoat	(Signed)	- United the second	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDICIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ORIGINALLY SENT IN MAY 1, 1934 with

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACT/LY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 03624
County Baltinson,	Registration Dist. No. 20
Village or City Hordlawn O. O.	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 6 yrs. 4 mo	s
2. FULL NAME Framan B. Incke	
(a) Residence: No. Hoodlawn G.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5e. tf married, widowed, or divorced	21. DATE OF DEATH Capil = 17 - 193 4 (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, end year) 1927-12-15	I last saw have alive on _ Cheel, 19_34 death is said
7. AGE Yeers Months Deys If LESS than I dey,hrs.	to have occurred on the dete steted above, at 2
0 7 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed by worked et this occupation work and the second in this properties of the second in this properties of the second in this properties with the second in	Browles Presurie 14.
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Day
0 10. Date decessed lest worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Baltimore loo.	Other Centributery Causes of Importence:
(State or country) Manyland 13. NAME Imman B. Fricker.	measles 8dg
13. NAME Imman B. Hucker, 14. BIRTHPLACE (city or town) Carroll la., (Stete or country) May Land.	Neme of operation
15. MAIDEN NAME Mildred &. Framerman	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mildrel & Bimmerman 16. BIRTHPLACE (city or town) (State or country) Many land:	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Driman B. Ducker. (Address) P. F. I. Hordlawn, Wed.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Day Porsville Carety - afor 20 19 5 4	Menner of Injury
19. UNDERTAKER 6. M. Halts. (Address) Frufield Med.	24. Was disease or injury in any way related to occupation of deceased?

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	Lweek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
			TO NOTE OF THE PROPERTY OF THE	
			20 1	
Other contributory causes of importance:		Other contributory causes of importance:	100	
Gallstones	May 1,1923	Gastroenteritis	Dyear	
			NA /	
			1.0	

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1. PLACE OF DEATH	MARYLAND—		OF DEATH	03625
County Balto		108	Registration Dist. N	0. ///
Village or City //gorlau	(II	No. death occurred in a hospital or insti	tulion, give its NAME instead	St., Ward
Length of residence in city or town where deal	h occurredyrsmos	How fong In U.S. if	of foreign birth?y	rsds
2. FULL NAME Welles	m /: / y	er		
(a) Residence: No. 1804 Su	(Usual piace of abode)	St., Ward.	If nonresident give city	
PERSONAL AND STATISTIC			CERTIFICATE OF	DEATH
Male White	OR DIVORCED (write the word)	21. DATE OF DEATH	April 8 (Month) (0	ay) , 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of The late and	ie Tyler	22. i HEREB	Y CERTIFY, The	
6. DATE OF BIRTH (month, day, and year) Oct	-24-1858	I last saw h. Lie alive on.		, 19 344 ; deeth Is said
7. AGE Years Months	Days If LESS than	to have occurred on the date sta	ted above, at 4.10 a.m.	
75	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of Imp	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	0-1-1			Oate of onset
SAWYER, BOOKKEEPER, etc.	eurea	f	Augus	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Novar	V recues	ua
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month end year)	11. Total time (yeers) spent in this occupation			
12. BIRTHPLACE (city or town) Person	id.	Other Contributory Causes of im	portance:	
13, NAME Of when of when				
	Denna.	Name of operation		Oato of
(State or country)		What test confirmed diagnosis?	Carried and a second	
15. MAIDEN NAME		23. If death was due to external c		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	unkunn	Accident, suicide, or homicide?	Date of i	njury, 19
17. INFORMANT ULL Larratta (Address) 7/18 Racel	Majors.	Specify whether injury occurred	(Specify city or town, c in INOUSTRY, in HOME, or i	ounty and State) n PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury		
Place Sacred Heart	Date afril 11. 1924	Nature of injury		
19. UNDERTAKER Lilby & July (Address) 405 ft & W	told fi	24. Was disease or injury in any If so, specify	way related to occupation of	deceased? No
20. FILED 4/10/31. 19. 19.	Carmonstore	(Signed) (Address) 4 G	1. dans	ane M.

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Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of Conortance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
14			

No. I	B.—W]	mat CAI	
>. So	z	1	

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	12626
1. PLACE OF DEATH		(82-d)		00000
County Galtimore			Registration Dist. No. 4-3	
Village or City Onerlea		No.	St.,	War
Length of residence in city or town where death			ntion, give its NAME instead of street and of foreign birth?yrs	
2. FULL NAME Ernest C.	Watkings			
(a) Residence: No. 4 Madely	nl	St., Ward.		
	(Usual place of abode)		If nonresident give city or town a	nd State
PERSONAL AND STATISTICA			ERTIFICATE OF DEATH	
male White 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	While 15 (Month) (Day)	193 4 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	Wathering		CERTIFY, That 1 ettende	d deceased fro
ximema	10 14 1000	1 /	, 1937 to afra /	19.3.
6. DATE OF BIRTH (month, day, and year)	17 1883	I last saw h alive on	// 0/5/	death is sa
7. AGE Years Months	Deys if LESS than 1 day,hrs.	to have occurred on the date state	TH and related causes of importance	
- 8. Trede, profession, or particular	ormin.	were as follows:		Oate of onse
kind of work done, as SPINNER, how	nsportation	2 1-1		
9 Industry or business in which work was done, as SILK MILL.		artentes	hodosa	July 19
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Montgo	nery Co.	Dther Contributory Causes of imp	ortanca:	Land
(State or country) Many Can	de la como	- Churce of	lens of Gul. The	A 19
I T	own	Name of operation	Data of	
14. BIRTHPLACE (city or town)	and ,	What test confirmed diagnosis?		n autopsy?
15. MAIDEN NAME Tourisa	Ludard		uses (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town) Montgo	men Co.	Accident, suicide, or homicide?	Date of injury	, 19
E (State or country) Marylo	me o	Where did injury occur?	(Specify city or town, county and S	tate)
17. INFORMANTS USAS MARCHINE (Address) 4 Madeline	tatterns	Specify whether injury occurred i	n INDUSTRY, in HDME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Pew.	Menner of injury	P#++++	
Place Thoward bugget	Date 2,19.37	Nature of Injury		
19. UNDERTAKER Frank Jack	ahm + Law.	24. Wes disease or injury in any v	vay related to occupation of deceased?	
(Address) 7 401 Bef	OPP	if so, specify	141/2022	
20. FILED 4/12 1934 D. a	tuty M.D.	(Signed)	1 176- 0- 14	M.
	Registrar.	(Address)	· Comment	

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago		
Cercbral hemorrhage 661 98	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

te A-	STATE OF MARYLAND-	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	34 03627
orld occ	County & allumore	Registration Dist. No.
item of should of OCC	Village or City Calwasuello	No String Grove Hosp, Ward
× 20 m	Length of residence In city or town where death occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and number) s
CORD, Every PHYSICIANS ct statement	2. FULL NAME Fred Weller	
. = +	(a) Residence: No. 295-4 W. Morel	OSTICLE Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
RECO PH Exact	3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
F	Male White Medice (write the word)	(Month) (Day) (Yest)
MANEN ACEL assified	5a. If married, widowed, or divorged HUSBAND of	
NA A MA	(or) WIFE of the hatte hating	22. I HEREBY CERTIFY, That I attended deceased from
BIN PERM EX Iy cla	6. DATE OF BIRTH (month, day, end yeer)	Wast saw h. Long alive on Office 13 1934; death is said
K A P ed ed erly erly fical	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1223 P.m.
IS A PE stated E properly certificate	5 4 6 27 1 day, firs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
HIS be s be lo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of one of the part of the
H A G LI F	4 9. Industry or business in which	Chrebral Jamas Solutio mk,
K—T nould may back	work was done, as SILK MILL, Yesluaran	
S IN I	10. Date deceased last worked at this occupetion (month and spant in this occupetion)	
NEADING II. NESSITE ACE II. NEADING II. NESSITE ACE III. NESSITE III.	year) spant in this will spant in this occupation.	Other Contributory Causes of importance;
DII So Licti	12. BIRTHPLACE (city or town) (State or country)	
NFA Supplied n terms, ee instri	E 13. NAME (Villiand Webe	spoplery 15 day
	E	
S air	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? What test confirmed diagnosis?
WIT efull in pl	# 15. MAIDEN NAME of names Schmidt	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
EATH import	(State or country)	Where did injury occur?
	17. INFORMANT Langueters Weler	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
40	(Address) 29 Fly W. Morth and	
	Place oudon Ti ban Date To 16 1934	Manner of injury
-WRITE mation s CAUSE TION is	1201:- 6: 500	
TECH	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
B	20. FILED 4/12 19 Allohandres	(Signed) Lames L. Starey M.D.
z(T)	1/3 3 4 A Registrar.	(Address) Outbornerello Inn
	If more blanks are needed, detartes Siege Registrar,	2411 N. Chartes Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year		

1.	PLACE O	E SEATE	9.1						200			21-
	County	Iak	1140	re					82-00	Registratio	on Dist. No.	38
	Village or C	ity D	musa	le				No.				St.,
	Length of resi	dence in citi	or town where	deeth nos	urra 14	4 4	(lf	death occurred in a horpit			ME instead of stre	et and number)
2	FULL NA	- //	1001	6		nh	X	Mila	ne	i totelga bittii:	y13	,,mos
	(a) Residen	1.7	6	3/	A	201	ster	1	B	time	Constant	
			- 4			of abode)			-		ent give city or to	
3. SI			OR RACE!					21, DATE OF DE		ERTIFICA	TE OF DEA	TH
1	Luclo	In	Tit	OR	of CE	RtED, WtD	word)	ZI. DATE OF D	AIN	Mee	il 18	193
₿a. i	f married, widow HUSBAND of	ed, o di oro	ced or	-//	1	1	400			(Mog(h)	(Day)	(Ye
	(or) WIFE of	M	1	1	7/2	on		22. 1 HE	REBY		FY. That I at	tended deceased
n	ATE OF BIRTH (month day	and year) 7	1	18-	186	//	I last saw h. L. al	ive on	19-3 %, to	0 18	2. L.D., 19.
. A		-	Months		Days		S than	to heve occurred on the		/	Q.m.	7∠, ueatii
	7	3	1	1	18	l day,	hrs. -min.	The PRINCIPAL CAUSE were as follows:	OF DEAT	H and related ca	uses of importanc	
2	8. Trade, Trofes	sion, or part	ticular s SPINNER.	-	C						A	Oateol
OCCUPATION	9. Industry or	ork done, as BOOKKEEP business in v	which		one	<u> </u>	•	Cerel	mel	apol	lepy.	ap
	work was	done, as SIL, BANK, etc.	LK MILL.			~~~~~~		0 t	- A C		*/	1.9.
3	10. Date decease this occur	pation (mont	ed et h end	1	11. Totel ti	ime (years) nt in this		When	200	elev	1000	
-	year)		411		DCCL	upation		Other Contributory Can	es of Impo	rtance:		
12. E	tRTHPLACE (cit (State or coun		Mar	ula	no			***************************************				
7	13. NAME	ellic	zew '	13	2/2	en						
LAINER	14. BIRTHPLACE	(city or tow	n) [2	15		7,		Name of operation			Oai	te of
-	(State or	country)	jua	600	6	na		What test confirmed dia	gnosis?4	en	was the	ere an au'opsy?_
-	15. MAIOEN NAI	ME /40	ny	9	62	les	u.	23. If deeth was due to ex	cternal ceu	ses (VIOLENCE)	fill in also the fo	illowing:
	16. BIRTHPLACE (State or		9.7	ou	4/2	rud		Accident, suicide, or hor			Date of injury_	, 19.
	-	oln	158	900	b	Ocas.	,	Where did injury occur?		(Specify city	or town, county a	nd State)
. 1	(Address)	3	6-25	asx	2	64	X2	Specify whether injury o	ccurred in	ואוסטאו, ווו	HUME, OF IN PUBI	LIC PLACE,
8. B	URIAL, CREMAT	ION, OR REI	MOVAL	1	N	.0 91	, , ,	Manner of injury				
	Place	LACI	N. Jule	-CDate_	100	ee ar	, 19. 3 5	Nature of Injury				
19. U	NDERTAKER 1	las	leau	4	200	76	·	24. Wes disease or injury	in any w	y related to occ	upation of decease	od? Lo
	(Address)	4/5	28 /	un	-05	laces		If so, specify	171	BAC	not of	-)
	ILED alor	10	· ~	1-111	10	LAN		(Signed)		1/4/7	11111111	

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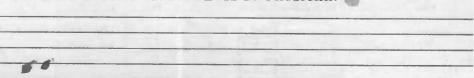
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Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUR					
Other contributory causes of importance:		Other contributory causes of importance:	4 5		
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTET. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

item of infor-

B.-WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
Walt.	2 2
County	Registration Dist. No. 23 2
Village or City / Culterslown	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
IN The state of th	7133
2. FULL NAME 109	St. Ward Frikesburg Clarise to 2
(a) Residence: No.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Wale white OR DIVORCED ("write the word)	21. DATE OF DEATH 26th Gove, 193 (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Augle	22. I HEREBY CERTIFY, That I attanded dacassed from
6. DATE OF BIRTH (month, day, and year) July 19, 1914	
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Theade profession or particular	Data of onset
Rind of work done, es SPINNER. Laborer SAWYER, BOOKKEEPER, atc.	Lie Lold sepa 1'
9. Industry or business in which work was done, as SILK MILL, Young and MILL,	ray rece year dan
SAW MILL, DANK, atc.	
10. Oate decessed last worked at this occupation (month and spent in this occupation occupation occupation this occupation thi	
12. BIRTHPLACE (city or town) Drings Mills (Stata or country) Palta Ceo. mil	Other Coutributory Causes of Importanca:
13. NAME Cool Leuty 14. BIRTHPLACE (city or town) Frederici C Med	
L (Stata or country)	Name of operation
	What test confirmed diegnosis? Was there an aulopsy? 23. If daath was due to axternal causas (VIOL ENCE) fill in also the following:
15. MAIOEN NAME The California	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT Morris Zerly (Address) Freeles Compacto	Whara did injury occur?(Specify city or town, county and State) Spacify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	, Manner of Injury
Place / tride com. Date Caporel 29, 1934	Neture of injury
19. UNOERTAKER J. Francis Peace	24. Was disease or Injury in any way related to optination of daceased?
(Address) Westmans to med	If so, spacify a first of the f
20. FILED Cefor, 26 1934 A.M. Slade	(Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related ca of importance were as follows: Arteriosclerosis	uses Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	r s !!		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year